Pederson Publishing

Caregiver's HOME COMPANION

Volume 4 Issue 5 | **November, 2005**

www.caregivershome.com

H E L P I N G T H O S E W H O H E L P O T H E R S

Medicare Part D

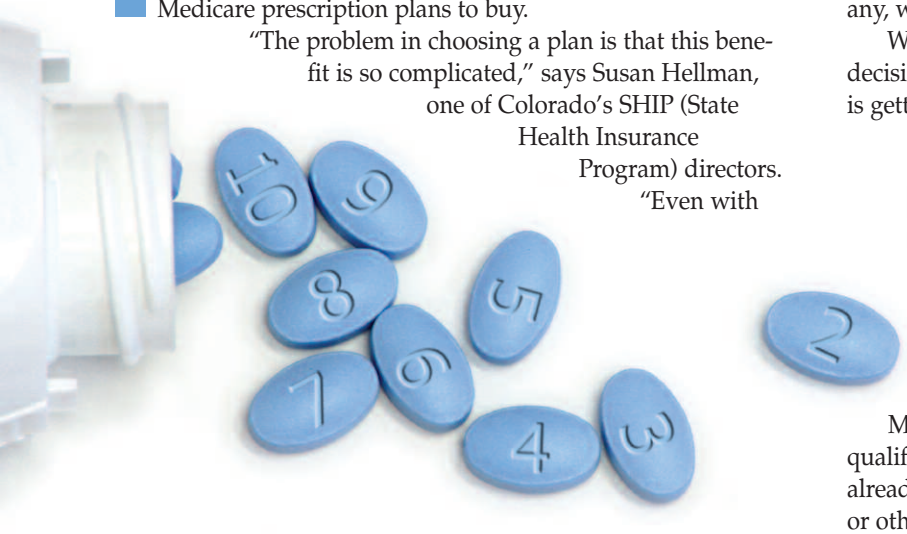
10 Steps to Successfully Navigating the New Drug Plan

By Paula McCarron

Editor's Note: *America is on the eve of the most sweeping changes in its 40-year-old Medicare program. Foremost among the changes is introduction of a first-time drug coverage program for the elderly. But the program is vast and complex, with many providers and plan options.* **Boon or Boondoggle—21st Century Medicare** *is a feature series examining the program to help caregivers assist the elderly in making the best decisions.*

If your loved one is a Medicare beneficiary, they might have already made a decision about whether to purchase a Medicare drug coverage plan. But the next step—and it's a big one—is to determine just which of the myriad Medicare prescription plans to buy.

"The problem in choosing a plan is that this benefit is so complicated," says Susan Hellman, one of Colorado's SHIP (State Health Insurance Program) directors. "Even with 20 years of experience in this field, I'm mind-boggled."



Medicare prescription drug plans—or PDPs—are being touted as one way for seniors to reduce or limit the ever-rising cost of their prescription medications, but just how much money, if any, will be saved will depend upon which plan is chosen.

When it comes to helping seniors make an informed decision about Medicare Part D, the phrase "family caregiver" is getting mentioned more and more often by people like Hellman. For those family caregivers who are being "enlisted" to march into the territory of Part D, here is a step-by-step guide to evaluating Medicare PDPs:

Step One. Learn Whether Your Loved One Needs or Qualifies for a PDP

The first step is to learn whether your loved one qualifies for a PDP and if a PDP is needed. All Medicare beneficiaries with Medicare Part A and/or Part B qualify for the new Medicare drug coverage, though some already have adequate coverage from former employers, unions or other qualified sources.

To obtain information about your loved one's need or choices in Medicare Part D, you can phone Medicare at ▶

INSIDE THIS ISSUE

Caregiver's HOME COMPANION

Subscriptions
Print: $29.95 per year (U.S.)
Online: $19.95 per year (U.S.)

Call toll-free to subscribe:
1-877-259-1977

Editor and Publisher
Chris Pederson

Senior Vice President, Sales & Marketing
Art Blumenthal

Marketing Director
Shelly Harvey

Strategic Business Development Director
Karen B. Knowles

Custom Publishing & Operations Director
Robert G. Whitton

Art Director
Laura D. Campbell

General Manager, eCommerce & Online Services
Ed Cannon

Chief Financial Officer
Ted Stone

Webmaster
NOW Interactive Solutions
webmaster@caregivershome.com

Mail
Caregiver's Home Companion
P.O. Box 693
Southport, CT 06890-0693

Phones
Subscriptions & Customer Service:
(877) 259-1977

Advertising & Sales: (203) 257-6684
or (203) 254-0380 ext. 2

Administration & Editorial:
(203) 254-3538

Custom Publishing: (203) 438-0810

e-mail Inquiries:
editor@caregivershome.com

Caregiver's Home Companion
is published monthly by:
Pederson Publishing, Inc.
P.O. Box 693,
Southport, CT 06890-0693

Visit us at **www.caregivershome.com**

Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or reviewed by an individual or organization involved in caring for elderly other loved ones. *Caregiver's Home Companion* also strives to obtain the input of educators and researchers in all branches of medical and scientific research. We welcome your comments and suggestions at editor@caregivershome.com.

Medicare Part D *Continued from page 1*

1-800-MEDICARE or visit the Medicare website at **www.medicare.gov**.

Step Two. Seek Neutral, Informed Advisors

Senior centers, AARP chapters, churches and SHIP programs are offering free educational forums on Part D. Attending one of these programs will not only provide you with more information, but also give you an opportunity to hear the questions of others, which may prove helpful in the long run.

Watch for newspaper listings or phone an agency in your area to learn about the availability of an educational forum.

Step Three. Become an Explorer

If your loved one has a specific illness such as cancer, diabetes or multiple sclerosis, you may be able to find Medicare D-specific information through a local chapter or national association dedicated to that specific health concern.

For example, the Alzheimer's Association website at **www.alz.org** provides information on how family caregivers can obtain coverage for a loved one who is not mentally competent to self-enroll, as well as information on how to obtain authorization for medications that may not be included under a plan's formulary.

Step Four. Make a Medication List

Make a list of all generic and brand name drugs used by your loved one. Be sure to include dosage and cost information. Include both over-the-counter medications and prescription medications. Though Medicare will cover only prescription medications, this list will be invaluable in the event your loved one becomes ill or requires hospitalization.

When it comes time to evaluate plans, you can use this list to determine if a particular medication is included in the plan formulary.

Note: Even if your loved one chooses a plan that does not include a particular drug, all plans are required to have an appeals process. So, "no" may not always mean no.

Step Five. Determine What's Most Important

Will your loved one want to obtain medications via mail order? Is there a preferred pharmacy? What is an affordable monthly premium or an affordable deductible, since plans vary?

PART D EXPLAINED: A GLOSSARY

Here is a brief glossary of basic terms related to Medicare Part D to help you chart your course through the program's complexities.

Enrollment Period The period of time in each year when an individual can elect coverage in a prescription drug plan or change to another plan without penalty.

Co-payment The amount of money paid by an individual, a percentage of the total cost with the balance being paid by the insurance company.

Coverage Gap or Donut Hole The stage in many of the Medicare Prescription Drug Plans (PDPs) where the total cost of prescriptions falls to the plan beneficiary.

Creditable Coverage Drug coverage offered by other plans, such as employers or unions, which provide coverage at least as good as the Part D plans.

Deductible The annual amount of money to be paid by the enrollee before the insurance plan begins to provide payment for services. The actual dollar amount varies from plan to plan. Most often plans with lower deductibles have higher premiums.

Formulary A listing of the drugs covered by a specific drug coverage plan.

Medicaid A state/federally sponsored program for individuals who meet both income and health criteria due to exceptional need. This is a financial assistance program that provides assistance with health and medical expenses. Names for the program vary from state-to-state.

Medicare Part A The Medicare benefit designed to assist with the cost of hospitalization, home health services, or skilled nursing care facilities. Provided without cost to eligible enrollees.

Medicare Part B The Medicare benefit that covers most costs related to doctor visits, outpatient care and other similar services. This is a premium-based program.

Medicare Part D The new Medicare program and benefit designed to provide prescription drug coverage for Medicare beneficiaries who have Medicare Part A and/or B.

Medigap An insurance plan that provides supplemental coverage received from Medicare. Enrollees typically purchase these plans to cover costs not underwritten by Medicare.

Premium The monthly cost of maintaining an insurance policy. Premiums must be paid on a timely basis in order to avoid a lapse or cancellation in coverage.

Step Six. Know What Plans Are Available

Ten companies are approved by Medicare to sell plans nationwide (see Sidebar). Additionally, every state has at least one approved plan that is available through the Medicare Health Plans. This means that every Medicare beneficiary has at least 11 plans from which to choose. Across the nation, Medicare beneficiaries may have from 20 – 90 plans from which to choose, depending on their state.

There are at least three ways to learn about the availability of plans and the specifics of each plan:

- Visit the Medicare website at **www.medicare.gov** or phone Medicare at **1–800–MEDICARE.**
- Contact the company selling the plan by phone or visit the company website.
- Contact the SHIP office in your loved one's area for free one-to-one counseling. Most SHIP offices have toll-free numbers for out-of-state callers. SHIP information can be found at the Medicare sources above.

Step Seven. Dig Deep, Then Dig Deeper

You simply can't have too much information, although the blizzard of marketing materials may make it seem so. While the premium might be low and the deductible affordable, you will want to dig deeper into the details of any plan before purchasing or making a recommendation to your elderly.

In some plans, the amount of the co-payment can vary depending on whether a drug is generic or branded. A brand name drug may be ranked at either a higher or lower cost, even when it is similar or the same as another brand name drug.

Some plans allow for a maximum number of pills per prescription or place a limit on the number of prescriptions that can be filled in a month. Watch for this restriction.

Other variables include cost differences depending on whether the prescription is filled via mail-order, what drugs will require prior authorization, which pharmacies may be used, and what levels of co-payment exist for certain types of medication.

Another variable to consider is the ability to drop a particular PDP or to enroll in different plan, and on what schedule.

Step Eight. Take Your Time and Be Certain

Enrollment for Medicare Part D began on November 15; however current Medicare beneficiaries have until May 15, 2006, to enroll in a plan without incurring penalties for late enrollment. With all the hype and confusion, it might be wise to wait things out a bit and let the dust settle before making a final decision.

Note: Even after choosing a PDP, enrollees may be able to choose a new plan, either during the next enrollment period planned for the latter part of 2006 or in some cases, whenever they so choose.

Step Nine. Use All the Tools

Most public libraries and senior centers have computers available for Internet research. Don't be shy about asking for help. Much of the information concerning Medicare Part D is online and being updated daily. Be sure to visit reliable sources such as the official Medicare website at **www.medicare.gov**. There were some problems with this website, but as of this writing the problems were corrected and the site was working as planned—even if swamped and bogged down with activity. The AARP website at **www.aarp.org** offers some very easy to grasp information as does Medicare Advocacy at **www.medicareadvcacy.org.**

Step Ten. Don't Lose Sight of Your Loved One Along the Way

Sometimes it's too easy to forget that although aging parents or other older loved ones may welcome our help, in most situations people want to maintain control over their over finances and healthcare decisions whenever possible. Be cautious not to overstep or override your loved one; otherwise "control" issues are sure to arise.

Though navigating Part D is a challenging process for caregivers and loved ones alike, the process of working together may help forge a new or deeper alliance between you and your loved one. After all, if ever there was a time for this bonding, it is now. ■

Paula McCarron *has more than 20 years of experience in healthcare including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.*

PART D: NATIONAL PROVIDERS

Here are the 10 providers approved by Medicare to offer prescription drug plans nationally:

- **Aetna Medicare**
- **CIGNA HealthCare**
- **Coventry AdvantraRx/First Health Premier**
- **Medco Health Solutions, Inc.**
- **MEMBERHEALTH**
- **PacifiCare Life and Health Insurance Company**
- **SilverScript**
- **Unicare**
- **United Healthcare**
- **WellCare**

YOUR MEDICARE TOOL BOX

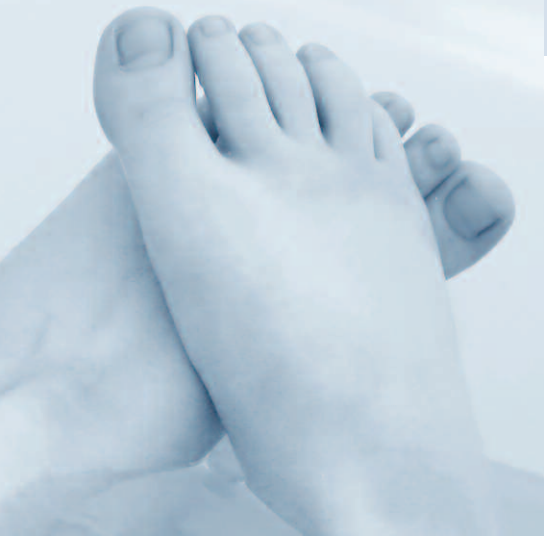
Take advantage of these handy tools to help you navigate Medicare Part D and come up with the best solution to your elderly loved one's prescription drug needs.

Medicare Drug Benefit Calculator. An online tool to determine what enrollees will pay for prescription drug costs under a standard Medicare prescription drug plan. Find it at the Kaiser Foundation: **www.kkf.org/medicare/rxdrugs calculator.cfm.**

Medicare Part D Plans By State. A roundup from the Center for Medicare Advocacy in Connecticut. Find it at **www.medicareadvocacy.org/PrescDrugs_PartDPlans.TypeandNum.htm.**

Medicare Evaluation Tools. An online resource from the Centers for Medicare and Medicaid Services, including a Formulary Finder, Landscape of Local Plans, and Prescription Drug Plan Finder. Find it at **www.medicare.gov**.

MedicareRxConnect. MAPRx is a coalition of patient, family caregiver and health professional organizations committed to safeguarding the well-being of patients with chronic diseases and disabilities under Medicare Prescription Drug Coverage. Find a comprehensive collection of information and links with consumer-friendly language at **www.maprx.info.**



Foot Finesse

Getting to the Bottom of Foot Disease in the Elderly

By Sharon Palmer

When you are responsible for caring for a loved one from head to toe, the latter can easily be overlooked. But foot care can be critical in maintaining good health in older individuals. The average person walks about 115,000 miles in a lifetime, so it shouldn't be a surprise that older people are at a high risk for developing foot-related diseases.

Researchers from the Department of Community Health, Aging and Health Policy at Temple University School of Podiatric Medicine in Philadelphia recommend that older people receive continuing foot assessment, education, surveillance, and care in order to make the most of their foot health.

In a 2004 study published in the *Journal of the American Podiatric Medical Association*, 1,000 ambulatory non-institutionalized individuals underwent podogeriatric examinations. Of this group, 74.6% had a history of pain, 57.2% were receiving current care for diabetes, 22.9% had current care for peripheral vascular diseases, 94.2% had onychodystrophy (nail disorder), 64.2% had one or more foot deformities, 64% demonstrated some loss of protective sensation, and 81.7% had one or more symptoms of peripheral arterial insufficiency.

The study indicated that foot problems in the older population result from disease, disability, and deformity related to multiple chronic diseases, repetitive use, and trauma.

Foot deformities, infections, and injuries may limit the elder's mobility, detrimentally affect knees, hips, and other parts of the body, increase pain, decrease quality of life, and lead to a more sedentary lifestyle, which has been associated with cerebrovascular disease and impaired thinking.

Common Problems and Diabetes

The most common foot problems experienced by older adults are corns, calluses, and bunions. Corns and calluses can arise when the bony parts of the feet rub against shoes. Bunions develop when the joints in the big toe stop fitting together and become swollen and tender. And bacterial, viral, or fungal foot infections can be another source of problems for the elderly.

For diabetics, foot disease can be disastrous. Diabetes is the leading cause of amputation of the lower limbs. It is estimated that nearly half of diabetes-related amputations could be prevented with effective foot care practices.

High blood sugar levels associated with diabetes can result in blood vessel and nervous system impairment (neuropathy). Neuropathy, found in 60-70% of diabetics, can make it difficult for a diabetic to feel pain, heat, or cold. To top it off, poor blood circulation may cause sores not to heal. If left untreated and infection sets in, it can lead to gangrene and the possible amputation of the foot.

Getting into Swing of Foot Care

The American Podiatric Medical Association recommends that caregivers set up a daily foot care routine to help maximize foot health in their elderly:

1. Look for changes in the nails, cuts, red spots, itching or rash, blisters, corns, calluses, swelling, or any change in the color or shape of the feet and nails.
2. Provide properly fitting, low-heeled shoes with elastic closures and non-slip soles. Avoid shoes with heavy soles, running shoes with rubber tips over the toes, and shoes with thick cushioning that can make an older person fall. Throw away old shoes, which may contain germs and fungus. Shop for shoes at the end of the day when feet are most swollen.
3. Provide cotton or wool socks that breathe instead of acrylic, which gathers moisture. Avoid tight stockings that leave indentations when you take them off.
4. Trim nails after a bath when they have softened.
5. Use a disposable sponge-tipped toothbrush to clean or dry between the toes.
6. Use cream on the feet, but not between the toes, to keep skin from drying out and cracking.
7. Have feet checked at the doctor's office at least once per year.
8. Inform the doctor about any changes in the feet.
9. See a podiatrist for care of corns and calluses.

And With Diabetes…

If your care-receiver has diabetes, more aggressive foot care is in order. Add these tips to your foot care routine:

1. Wash feet every day with mild soap and warm water, testing the water temperature with your hand first. Don't soak the

Sharon Palmer *is a writer and registered dietician with 16 years of healthcare experience. She is a member of our Board of Experts in our online Ask an Expert section and can be reached at spalmer952@earthlink.net.*

feet. To dry, pat each foot with a towel, being careful between the toes.
2. Trim toe nails straight across. Avoid cutting the corners. Use a nail file or emery board. Report ingrown toenails to the doctor.
3. Don't use antiseptic solutions, drugstore medications, heating pads, or sharp instruments on feet. Watch out that feet are not resting on radiators or too close to the fireplace.
4. Always keep feet warm, providing loose socks for bed. Avoid getting feet wet.
5. Discourage smoking or sitting cross-legged, which can decrease blood supply to the feet.
6. Discourage walking barefoot, in sandals, or thongs.
7. Check shoe fit in width, length, back, bottom of heel and sole. Avoid pointed-toe and high heel styles. Try shoes made with leather upper material and deep toe boxes. Discourage wearing new shoes for more than two hours at a time or the same pair of shoes worn every day.
8. Inspect the inside of each shoe before putting on. Don't lace shoes too tightly or loosely.
9. Wear clean, dry socks every day with no holes or wrinkles. Square-toes socks do not squeeze toes.

Don't underestimate the importance of feet. And don't be afraid to seek professional help. Results of a recent Canadian survey revealed that 70% of people receiving proper foot care said it had helped them to walk. As disorders of the feet become more widespread, the skill of podiatric physicians is increasing to meet demand.

And finally, remember to put your own caregiver's feet first when it comes to their health. You won't help your loved one if your own foot problems knock you off your feet! ■

RESOURCES

American Podiatric Medical Association, **www.apma.org**

American Orthopedic Foot and Ankle Society, **www.aofas.org**

Foot Care MD.com, **www.footcaremd.com**

Taking Time Off

How to Use FMLA and Other Government Programs for Employment Leave

By Ursula Furi-Perry

When caregiving responsibilities pop up, taking time off from work even temporarily may be a reluctant choice that's often inevitable. Fortunately for many caregivers, that time off is often protected by the federal Family and Medical Leave Act (FMLA), its state counterparts, and even other government alternatives that give caregivers the opportunity to leave work behind while caring for a close family member.

"The FMLA was, as the name implies, enacted in order to give certain employees the right to take leave from work in order to care for certain family members who have a medical condition," says Carl Bosland, a Denver attorney who specializes in the FMLA. "The federal law allows an employee to take leave not only for the employee's own situation or illness, but also a son or daughter, a spouse, or a parent."

For caregivers who qualify, the FMLA offers 12 weeks of unpaid leave to care for such close relatives. In addition, it offers quite a bit of job protection, guaranteeing that the employee's position will await him or her upon return to work and that the employee will not be demoted as a result of the leave.

Despite its benefits to family caregivers, many don't realize they can take advantage of the FMLA. "One of the biggest misconceptions I see is that caregivers don't really believe it's an entitlement," Bosland says. "In fact, it's a legal entitlement; if they are eligible employees, they have the right to take leave, period, and employers are prohibited from taking adverse action against those employees."

But while some caregivers aren't informed, others simply aren't eligible for FMLA's protection. In fact, only about half of all employees are covered by the Act, notes Kari Wolkwitz, policy specialist at the Family Caregiver Alliance. "Generally speaking, if you work in the public sector, you will be covered by the federal FMLA," Bosland says. "In the private sector, you need to work for an employer with over 50 employees," where the employer had that number of workers for at least 20 weeks.

"If you determine that you work for a covered employer, then you still need to meet some additional eligibility requirements," Bosland warns. Eligible employees must have worked for their current workplace for at least 12 months, though not necessarily consecutively, as well as have put in 1,250 hours of work in the 12-month period immediately preceding leave, not counting sick days and other paid time off. In addition, there is the "50/75 test," meaning the employer has to have at least 50 employees within 75 miles of the caregiver's work site so replacements can be readily called upon.

Other gaps in the Act are also noteworthy and may not make the FMLA work for all employees, even if they are covered. For instance, the FMLA only

continues on page 7

***Ursula Furi-Perry** is a writer based in Haverhill, Massachusetts. She can be reached at furiperry@verizon.net.*

Coping with Sundowning

The Most Dreaded Hours in Dementia Caregiving

By Lori Ritchie

Sundowning. The word conjures up images of dark, erratic behavior that sometimes turns dangerous in Alzheimer's and dementia patients. For caregivers, it's a word that can send them to even higher stress levels, anticipating what the sundowning hours will bring.

I'm one who can attest to all of this. In my own case, during my work with Alzheimer's and dementia patients during the past three years, I have seen many patients affected by sundowning, mainly because I regularly work the 3 p.m.–11 p.m. shift—prime time for sundowning behavior to occur.

The term refers to people who become increasingly confused or agitated at the end of the day and into the night. Dr. Paula K. Ogrocki, assistant professor of neurology at the University Memory and Aging Center of Case Western Reserve University, notes that "sundowning isn't a disease. It's a very common symptom that occurs in the moderate to severe stages of Alzheimer's disease."

Sundowning's Traits

What does sundowning look like? Some patients become concerned about picking up their children from the babysitter or from school. One patient routinely asks where his car is, although he has lived without a car at the long-term care facility for more than seven years. Another woman becomes concerned about getting home to prepare supper for her husband, although her husband died many years ago. Sometimes these concerns lead to extreme agitation and anxiety for individuals. Wandering and pacing may increase during evening hours.

According to the Alzheimer's Association, some studies indicate that as many as 20% of those with Alzheimer's will, at some point, experience periods of increased confusion, anxiety, agitation and disorientation beginning at dusk and continuing throughout the night.

Melinda Sexton of Butler, Indiana, says her mother's sundowning started to become dangerous even before admitting her mother to a long-term care facility. "My mom and dad were married for over 30 years. Around 4 p.m. each evening, she would begin asking for him even though dad had been gone for over four years. I would try and explain to her that dad had passed away, but she would become so upset, she started getting violent towards me."

What's the Cause?

Experts aren't sure what causes sundowning. Some factors that may aggravate late-day confusion are end-of-day exhaustion, an upset in the body's internal clock, and reduced lighting and shadows. Also, disorientation during sleep times could be related to an inability to separate dreams from reality when sleeping.

The research continues, but no matter what the cause, caregivers need strategies to manage sundowning behavior. The following tips may help caregivers to reduce evening agitation and nighttime sleeplessness for their loved ones:

Activity Keep the likely sundowner active during afternoon hours. Encourage physical exercise matched to the individual's abilities. Activities can be a great help in reducing sundowning. Try to involve the patient in a meaningful activity such as setting the table, folding towels, doing dishes, or sweeping the floor. Encourage your loved one to nap just before their normal period of sundowning to see if this reduces the behavior. If your loved one doesn't want to nap, try spending an hour of quiet time with relaxing music and reduced activities.

Diet Reduce foods and beverages with caffeine (chocolate, coffee, tea, and soda) or restrict them to the morning hours to reduce agitation and sleeplessness. Serve dinner early and offer a light meal before bedtime. Meal routines may need to be adjusted to see if certain times result in reduced sundowning.

Medical Monitoring Urinary tract infections, arthritis, colds, and other illnesses may cause enhanced sundowning in dementia-affected individuals. Using routine over-the-counter pain medications to reduce pain associated with arthritis or general discomfort may reduce negative behavior.

Nighttime Keep a nightlight on to reduce agitation that occurs when surroundings are dark or unfamiliar. If your sundowner tends to see or hear things that aren't there, dark places can be scary. Allow your loved one to sleep in the place they feel most comfortable—even if it isn't their bedroom.

Comfort In a strange setting such as a hospital, bring some familiar objects from home. Offer your loved one a healthy snack if you think they may be hungry. Make sure they haven't had an episode of incon-

---

Lori Ritchie is a writer, nursing student and experienced elder-caregiver living in Wollcott, Indiana. She can be reached at personalmedia@yahoo.com. Molly Shomer, founder of The Eldercare Team, contributed to this article. Her website is www.eldercareteam.com.

tinence. Sundowning can be aggravated if the individual is physically uncomfortable.

Overstimulation Limit the amount of activity and noise at home. A blaring television, barking dog, and a roaring vacuum cleaner going at once is too much for the dementia-affected person to process. Individuals with dementia are using their energy reserves simply getting through the day. Even the smallest, most "routine" activity is a demand on their thinking ability. By the late afternoon their reserves are spent, and they no longer have the ability to cope with what, for them, is a confusing environment.

Safety Make sure your home is safe and secure, especially if the person with Alzheimer's wanders. Restrict access to certain rooms or levels by closing and locking doors, and install tall safety gates between rooms. Door sensors and motion detectors can be used to alert family members when a person is wandering. Make a safe walking area where your sundowner can work off built up energy.

Private Spaces Provide a safe and quiet place where your sundowner can retreat. Create "off limits" private areas with doors you can lock for yourself and other family members, too.

Sundowning can be one of the most challenging aspects of your caregiving role. Remember to care for yourself when coping with the stresses of your loved one's sundowning behaviors. Rely on the ideas of support groups—caregivers are always discovering new ways to deal with these behaviors and are happy to share them. ■

Taking Time Off

Continued from page 4

applies to certain family members; those caring for in-laws, siblings, or grandparents will not qualify for its protections. "Also, this is not paid leave," Wolkwitz points out, "and some people may not be in a position to take unpaid leave."

Even if the FMLA isn't the right solution, all is not lost. "If the employer isn't covered by the federal FMLA, then you need to see if there's a (corresponding) state law," Bosland advises. In an effort to fill the gaps in eligibility and other requirements, many states have enacted or are considering catastrophic illness and family leave laws, which may give caregivers some much-needed reprieve from employment duties. As a result, state-sponsored programs may offer protections in addition to those governed by the FMLA.

Wolkwitz also advises caregivers to look into the National Family Caregiver Support Program, a recent federal measure passed under the Older Americans Act, which can offer older Americans and their caregivers various types of home- and community-based, short- and long-term care. "You also need to check on the employer's leave policies," says Bosland, because these policies may be more generous than those prescribed by the federal government. Some employers, for instance, may offer paid leave or longer-term leave periods to their employees.

Whatever option is best, employees should be sure to take the proper steps when seeking leave. "Definitely talk with your company's human resources representative to determine what resources are available," Wolkwitz says.

"The employee also has some notice obligations," says Bosland. "They don't have to utter the magic words 'FMLA' to evoke their right; what they do need to do is articulate the facts that would put the employer on notice that the leave they're requesting may be covered by the FMLA." As such, an employee can't just call in to work to say his or her spouse is sick; furthermore, courts have held that an employer is entitled to the absolute truthful reason behind the employee's leave.

"One of the biggest misconceptions I see is that caregivers don't really believe (FMLA) is an entitlement. In fact, it's a legal entitlement," says Denver attorney and FMLA expert Carl Bosland.

When all else fails, family caregivers should consider turning to outside resources for help. "See what types of support resources are out there," Wolkwitz recommends. "They may increase the amount of time a person could take off." Wolkwitz says online and in-person caregiving support groups may alleviate the headaches of balancing work and caring for a family member. "Caregiving is really a stressful role," says Wolkwitz. "If someone is really struggling to balance work as well, seeking support is (essential)." ■

RESOURCES

U.S. Department of Labor FMLA website, **www.dol.gov/compliance/laws/comp-fmla.htm**

Area Agency on Aging, National Family Caregiver Support Program website, **www.aoa.gov/prof/aoaprog/caregiver/overview/exec_summary.asp**

Family Caregiver Alliance, **www.caregiver.org/caregiver/jsp/home.jsp** or **(800) 445-8106**

Carl Bosland's FMLA expert website, **http://fmlacounsel.com/**

COMING UP IN DECEMBER

- **Pitfalls and Pluses.** A caregiver's analysis of the much-awaited but very complex Medicare Part D prescription drug program. Part 3 in our series.
- **Maintaining Your Mental Health.** Tips for caregivers on maintaining a healthy mental outlook through the challenges and rigors of caregiving. What to look for in yourself, what to do if you just don't feel 100%.
- **Who's Preying on Our Parents?** How to guard Mom and dad against the seduction of phony get-rich-quick schemes.
- **Elderly Bathing.** What every caregiver needs to know about bathing their elderly loved one when they need help, plus alternatives to showers and tub baths.

Eldercare Costs Keep Racing Skyward

Have you taken a look at nursing home and in-home eldercare costs lately? How about assisted living costs? These three categories, which affect most caregivers, are likely to draw the same reaction—why do these costs keep going up so fast?

The MetLife Mature Market Institute, which conducts an annual survey on these costs, turned up these nationwide statistics recently:

- Assisted living costs are up 15% on average over 2004.The average monthly base price rose from $2,524 in 2004 to $2,905 this year, or $34,860 annually. The highest cost was reported in Boston at $4,629 per month, while the lowest was Jackson, Mississippi, at $1,642.
- Nursing home costs are up nearly 6% this year. The average daily cost of a private room in a nursing home in the United States is $203 per day, or $74,095 annually. The cost represents an increase from last year's $192 of 5.7%. The highest rates, as in 2004, were reported in Alaska where the cost statewide is $531 per day. The lowest were in the Shreveport area of Louisiana at $115.
- The cost of a home healthcare aide averaged $19 per hour nationally, an increase of $1, or 5.5%. For the first time, the 2005 MetLife study reports on homemaker/companion care which averages $17 per hour. The lowest costs for both home healthcare aides and homemaker companions are $17 and $12 per hour in Shreveport. The highest cost for a home healthcare aide is Vermont at $31. Homemaker/companions are most expensive in Rochester, Minnesota, at $23 per hour.

The overall rise in care costs was viewed with alarm by researchers in the MetLife study. "The rise in these long-term care costs of 5% and more constitute a crisis for many people who have not made the necessary financial preparations," said Sandra Timmermann, director of the MetLife Mature Market Institute.

Meanwhile, the double-digit hike in assisted living residential costs may put this resource out of reach for some caregivers who need it most for their elderly. "The cost of care in an assisted living facility is rising rapidly and in many areas, is outpacing inflation. With 15% yearly increases, this type of living arrangement may be out of reach for many people," said Timmermann.

In the case of assisted living, demand is very strong. The Assisted Living Federation of America says more than one million Americans live in 20,000 assisted living residences, and identifies the typical resident as a woman in her 80's who is either widowed or single. The majority of those in assisted living facilities pay privately or through a long-term care insurance policy.

According to the National Center for Health Statistics, the average stay for each of the more than 1.3 million residents in one of the 17,000 nursing homes is 2.4 years, bringing the total average cost to $177,828. Services include skilled care, which requires the services of a professional such as a nurse or therapist, and custodial care, which involves assistance with the basic activities of daily living (ADLs), such as bathing and dressing.

Home health aides assist people with ADLs and receive special training, qualifying them to provide more complex services under nursing supervision. Agencies employing the aides generally are licensed and regulated, depending on each state's requirements. Homemakers and companions perform light housekeeping duties such as laundry, meal preparation, shopping, and general housekeeping and provide services other than hands-on assistance to help individuals to stay at home.

For a complete state-by-state listing of costs in each category, visit **www.maturemarketinstitute.com** or phone the Mature Market Institute at **(203)221-6580.** ■

Give the Lasting Gift of Care

Show you care to those around you who can benefit from the same information, tips, advice and how-to features you receive every month in *Caregiver's Home Companion*.

Give a gift subscription to the newsletter so the help and benefit you receive can be shared by others you care about.

Give the gift of help—a gift subscription to a family member, friend or co-worker.

Or donate an anonymous gift subscription which we will use to benefit an individual in need of the knowledge and support *Caregiver's Home Companion* provides, but may not be able to afford the few extra dollars to subscribe. We will see that your gift is properly assigned to a needy caregiver.*

We all know the importance of "care." This is your chance to share your care with a gift subscription to help others.

Call NOW toll free at (877) 259-1977, or fill out the simple gift subscription form online at https://www.caregivershome.com/subscriptions/giftsubscriptions.cfm.

* Note: anonymous subscription donations may only be submitted by using our toll free phone line.