

Visits take on special meaning during holidays

Simple ideas work wonders

When it comes to year-end holidays – or holidays at any other time of the year, for that matter – visits with your loved ones in a nursing facility or other long-term care setting take on even more meaning.

But as many readers of the CAHF *Families & Friends Bulletin* can attest, finding ways to include long-term care residents and clients in holiday activities – or even choosing a suitable gift – can be a challenge considering the possible limits in abilities or special needs they may have.

As usual, the best solutions often are the simplest and most flexible. For example, depending on your loved one's level of function, CAHF recommends these holiday activities:

- Help send cards to loved ones who are far away.

- Decorate their room for the holidays, perhaps bringing in a small table-top artificial tree or menorah.
- Attend the facility's holiday party and sing some carols together.
- Share holiday memories – what was Thanksgiving like when they were young, what was their favorite gift or song or holiday food.
- Bring a gift and make a little party of it with some cookies and soft drink.

When it comes to holiday gifts, you might want to consult the social services staff or activity director – they may know of needs your friend or relative has. Or the resident may be glad to tell you. Here are some other suggestions:

- Warm clothes – sweat suit, or sweater, warm knee-

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Error reported in new handbook for Medicare recipients

Just as the pace is picking up for the new Medicare Part D prescription-drug program, which will go into effect Jan. 1, Medicare officials acknowledged that their new handbook for beneficiaries contains an error.

Sponsored and monitored by the government, Part D actually will comprise dozens of private insurance companies offering prescription-drug benefits all over the country.

The error in the Medicare handbook had to do with the list of plans which will be available with no monthly premium for low-income beneficiaries.

**Medicare
Part D
DRUG BENEFIT**

As The Associated Press reported, the booklets inadvertently indicated that all the plans available for beneficiaries with limited assets and income would have no monthly premium. In fact, only about 40 percent of the plans actually qualify for no premium.

The Centers for Medicare & Medicaid Services said it would get out correct information to beneficiaries.

New pharmacy Web pages

The federal government has established new Internet Web pages at www.cms.hhs.gov/medicarereform/pharmacy to help both pharmacists and beneficiaries stay informed about the new Medicare Part D prescription-drug benefit.

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length socks for women who wear gowns instead of pants.

- A housecoat with snaps down the front or a dress that is easy to get into and out of.
- Lipstick, lip balm, perfume, hand lotion, powder, aftershave.
- Covered candy dish (use your judgment about whether it should be glass or plastic), filled with your loved one's favorite candy or whatever type of candy they can now eat.
- A subscription to the hometown weekly paper or to the Sunday edition of a larger paper;
- For those who have trouble reading, a subscription to *Reader's Digest*, *Guideposts*, the *Upper Room* or other periodicals with large print.
- Washable slippers with skid-proof soles that are easy to get on and off.

Here are other possibilities to consider at holiday time:

If it is possible to do so comfortably and safely, the dearest wish of your loved one might be to come home for a few hours to share traditional family activities.

If it's too hard to do so on the holiday itself, consider a home visit several days before the holiday.

Another possibility is a trip to a nearby shopping mall, although not at the busiest times. If a wheelchair is needed, it's easy to get around and see the stores, make purchases and have a bite to eat.

Read Families & Friends online

It's easy to view the CAHF *Families & Friends Bulletin* on the Internet. Go to www.cahf.org, click on "Families & Friends" near the top of the page, then scroll down and click on "*Families & Friends Bulletin*." You'll find easy-to-read online versions going back more than a year.

We want to hear from you

California Association of Health Facilities

P.O. Box 537004, Sacramento, CA 95853-7004

www.cahf.org

(800) 776-3346, ext. 116

jrye@cahf.org

CALIFORNIA
ASSOCIATION OF
HEALTH FACILITIES



A warm smile, an arm across the shoulders, a kiss on the cheek have great meaning and lasting value at all seasons of the year.

If your loved one cannot leave the nursing facility, think about bringing in a home-cooked meal (kept properly hot, of course) or a holiday treat or even some "fast food" that he or she used to enjoy and can still eat. And since eating is a social activity as well as a necessity, eat with them.

You can get help from the facility's social services or activity staff. Sometimes there is a room where you can have a little get-together, and staff can help you consider dietary problems, such as a need for soft and easy to eat foods.

Many of these ideas are geared toward Thanksgiving and Christmas, but the same principles apply to many religious and cultural holidays.

In every case, the main thing is to remember your loved one with a visit at a special time of year. A warm smile, an arm across the shoulders, a kiss on the cheek have great meaning and lasting value at all seasons of the year.

Children and pets too

Don't leave out the children when planning a visit to a long-term care facility. Anyone who is important to the resident should visit him or her in the nursing facility, children included.

Although teenagers and older children may need some time to adjust, young children rarely react negatively to aging or sick individuals. Facility staff members, particularly social workers, can be helpful in aiding this process.

One idea which is always very therapeutic is to bring the family pet to the nursing facility. The benefits to the elderly of contact with animals are widely acknowledged, and seeing the family pet can be especially uplifting. Be sure to contact the administrator in advance to make arrangements.

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Just one word of caution about visiting: Sometimes there is a tendency to set unrealistic expectations and be unable to deliver.

Do not promise to visit and then fail to come. If you cannot keep an appointment, call in advance and immediately suggest an alternate time.

When you and your friend or relative are planning your visiting times together, look over your schedule carefully. Whether during the holidays or at other times during the year, decide how much time you can spend and plan accordingly.

Realistic planning avoids disappointment for the resident and feelings of guilt or anger for you.

Keep in mind too that frequent short visits, especially by small groups, often are especially successful.

Immediate joy

Visits bring immediate joy to residents who have cognitive losses, and frequent visits provide an immediate boost in emotional well-being.

And having just a few people visit at a time eases possible strain for residents who are frail and easily fatigued.

During your visits, remember the other residents in the facility. Many don't have family members who can visit them, so a smile, a moment or two of conversation or a shared box of cookies brings extra pleasure to your family member's friends. It also can raise the self-esteem of your family member when he or she can share family visits with other residents.

If you're ever at a loss for ideas when it comes to visits, check with the facility's activity director. She or he will likely provide you with a whole list of ideas and possibly materials with which to work.

Thanks to the Egyptian Area Agency on Aging in Carterville, Ill., the Iowa State University Extension and the American Health Care Association for their ideas on visiting long-term care facilities.

New law improves Medi-Cal funding for nursing facilities

Although it might not be immediately obvious to visitors, a major change is taking place in the way Medi-Cal pays for care at nursing facilities.

For decades, Medi-Cal paid a flat rate for each Medi-Cal recipient, regardless of actual nursing-facility expenses. The flat rate was adjusted by region in the state but seldom reflected true costs.

Now through the cooperation of state and federal authorities, nursing-facility operators and consumer advocates, Medi-Cal will cover the actual costs of providing care at each nursing facility. And because two-thirds of nursing-facility residents are on Medi-Cal, the impact on long-term care is expected to be enormous.

"This is a tremendous victory for skilled-nursing facility providers who have struggled for years under an ineffective and outdated flat-rate reimbursement system," said James H. Gomez, CEO/president of CAHF, the California Association of Health Facilities.

The reform began last year when the California Legislature passed Assembly Bill 1629, the Nursing Home Quality Care Act. Gov. Arnold Schwarzenegger quickly signed the bill, but that was just the beginning.

Because AB 1629 involved a change in California's federally-mandated State Plan for Medi-Cal (called Medicaid in most other states), it required approval from the federal Centers for Medicare & Medicaid Services – a process that could have taken many months.

However, thanks to diligent work by Medi-Cal officials at the California Department of Health Facilities, by nursing-facility professionals and by federal authorities, the process went quickly and final approval was granted in September.

The result will be more money for financially strapped nursing facilities to spend on caregiver wages, building improvements, equipment – and better care for the tens of thousands of Californians who reside in nursing facilities.



California Association of Health Facilities
2201 K Street
P.O. Box 537004
Sacramento, CA 95853-7004

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New rule requires offer of flu shots for nursing-facility residents

Under a new rule from the federal government, residents in virtually every nursing facility will be receiving flu shots this fall.

There are exceptions, of course. Resident or their family members can refuse the shots, and residents who cannot receive the vaccines for medical reasons will be exempt.

But under the new regulations, any nursing facility that serves residents on Medicare or Medicaid (Medi-Cal in California) is required to provide immunizations against influenza and pneumococcal disease.

The inoculation program affects about 2 million Americans nationwide, most age 65 years or older, who live in long-term care facilities.

People aged 65 years and older account for more than 90 percent of influenza-related deaths in the United States and elderly nursing-facility residents are particularly vulnerable to flu-related complications. In

addition, the elderly are more likely than younger individuals to die from pneumonia.

CAHF's national affiliate, the American Health Care Association, helped develop the new regulation as part of an effort to curb flu-related illness and death.

“As a physician, I know the impact that influenza and pneumococcal infections can have on the elderly, particularly those in nursing homes,” said Dr. Mark B. McClellan, administrator of the federal Centers for Medicare & Medicaid Services (known as CMS). “Greater use of flu shots and pneumococcal vaccine in nursing homes is a proven approach to better health and fewer costly complications for one of our most vulnerable groups of beneficiaries.”

CMS is also encouraging nursing facilities to provide flu vaccine to their caregivers. Although not required by federal regulations, immunizing nursing-facility workers has been shown to cut down on flu among residents.