

Senior Care Webcast-

Welcome to the UPMC Senior Care Resources Webcast entitled *Long Term Living Options - Living Independently In Your Home*. This is the fourth in the series of Senior Care Resources webcasts all of them designed to provide caregivers with information and resources in all facets of care and support. Like the previous three webcasts, at the end of the presentation today this webcast will join the archives and let me give you access to those archives now if you want to jot this down. Hundreds of staff members have gone back after the webcasts have been completed to review and get additional information and resources for themselves. The access is at www.aging.upmc.com. My name is Sandra Caffo. I am the EAP Director of Operations for your family and Employee Assistance Program and I am honored to represent the EAP as a moderator today.

So let me start by just setting the stage. Some of you tuning in and many seniors are afraid of what they think now is the inevitable. That they are going to be forced to leave their homes and communities because they can no longer care for themselves completely. Well, as today's webcast will show you, there is good news on the horizon. More and more seniors are able to stay in their homes and communities because of resources being designed for both home and community based services and programs to help people live independently longer in their own environments of choice. So whether you are tuning in because you are considering these services for yourself or you are tuning in because you are a loved one of a senior parent and you are going to be helping them arrange the best long-term solution for living for himself or herself we have some resources for you today.

One other thing is we say in all of the senior care resource webcasts that you are not in this alone. There is help out there for you and with you. We are here to support you.

The webcast today is organized really in two sections. I will be in just a few seconds introducing our panel and then presenting them with a case scenario that will help them address a real situation and through that process highlight for you the resources that their organizations offer. When we are done with that part of the program, we will then have time for questions and answers. And that's where we are going to put you to work. We have received some questions in advance and will begin with those, but you can email us while you are listening for us to address your questions as well. You do that by emailing SENIORRESOURCE@upmc.edu. And for those questions that do not get answered during the webcast today, be assured you will receive an email response so all questions will get addressed. And if you have questions after today's webcast, please feel free to email the Institute on Ageing or the EAP with those questions and information about them will appear at the end of the broadcast. Finally on your screen you should see a button that is marked handouts. If you press on it, you can printout the handouts that our panelists are referring to as well as the PowerPoint that we have. This will be helpful for you during the webcast and will be a resource for you after we are finished today as well.

So, with that let's get to our panelists today. Our first panel member is Kara Newmeyer and Kara is a supervisor for Care Management at the Allegheny County Area Agency on Aging also called triple A. She is a licensed social worker, a practitioner in the field of aging for many many years and has been with the area office on aging for the past seven years. The Area Agency on Aging is funded by the department of aging and its goal is to provide programs and services that support seniors in Allegheny County to live independently in their own homes. So welcome Kara.

Our next panelist is Brenda Gressman. Brenda is the housing councilor for Nursing Home Transition Program. This is a state initiated program to help individuals to transition out of nursing home care and into the community. The program is coordinated by the Three Rivers Center for Independent Living in Allegheny County also called TRCIL. And TRCIL, and other associated agencies help coordinate programs and services needed by individuals and this includes housing by the way with the goal of transitioning out of nursing facilities and back into the community. The program started about two years ago and to this date has successfully transitioned about 100 adults. Brenda, would that be accurate to say?

Brenda Gressman – Are we speaking about Allegheny County specifically?

Sandra Caffo – Yes.

Brenda Gressman – I think that that would be correct. I also work in 6 other counties, so I am thinking of additional individuals. But for Allegheny County that would be correct.

Sandra Caffo – Good. And that's helpful because employees of UPMC live in many counties. So welcome.

Penny Milanovich is our next panelist and Penny is the Executive Director of UPMC Jefferson Regional Home Health. She is a nurse by background, has a masters degree in nursing as well as a masters degree in business administration. The UPMC Jefferson Regional Home Health program is a partnership between the University of Pittsburgh Medical Center and Jefferson Regional Medical Center. And the goal is to provide physician ordered intermittent skilled services to clients in their place of residence. These services are covered by most insurance providers and the determining factor is if the client meets the care need assessment. UPMC and the Jefferson Regional Home Health program is one of the largest home health programs and it serves 10 counties of Southwestern Pennsylvania. So welcome Penny.

Our next panelist today is Tina Logue. Tina is the Director of the UPMC Private Duty Nursing and the Living at Home Programs. For the past 10 years she has been Manager for the Central Intake and Referral Program for home care services at UPMC. Included in these services are home health, home medical equipment, private duty nursing and home infusion therapy. Tina has been with UPMC for more than 10 years and prior to that worked in many community based programs serving special needs population such as the United Cerebral Palsy Program of Allegheny County. The private duty nursing program is a home care program and it provides a range of services from skilled nursing care to personal care services to clients in their own homes or in an institution. Many of these services are not covered by insurance however and are privately paid by the clients themselves.

Now the living at home program is a UPMC supported care management program for high risk older adults living in selected areas of the City of Pittsburgh. The primary goal of this program is to delay institutionalization of these adults to decrease hospitalization for them and also trips to the emergency room. So Tina, we are very glad to have you today. And our final speaker is Rosie Cooper. Rosie is the Director of The Center for Assistive Technology also known as CAT c-a-t. CAT is a joint program of the University of Pittsburgh Medical Center, The Institute of Rehabilitation and Research and the University of Pittsburgh. Rosie has a masters degree in physical therapy and assistive technology. She has been in the field for more than (can I say Rosie maybe around 10 years or so?)

Rosie Cooper – 10 years yeah. Indirectly a little bit more. Professionally about 10 years.

Sandra Caffo – The program brings rehabilitation experts from across many many disciplines. These includes: medicine, physical therapy, occupational therapy, speech therapy and audiology, engineering and also home equipment companies. And the goal is to help put life in motion for older adults and individuals with disabilities who need assistive devices for mobility, for speech, for accessing computers and for meeting their daily needs. CAT has emerged as a leader and an innovator in this assistive technology industry. And whatever those needs are CAT can provide a bridge to assist a client in maintaining independence and an opportunity to live their lives absolutely to the fullest. So we are very pleased to have our panel of experts with us today.

So now let's get them to work by giving them this case that they are going to have to deal with. Let me present the case to you panel.

This is a daughter who is inquiring about services and nursing home options for her mother. Her mother has hypertension, diabetes, breathing problems and has been hospitalized 3 times in a single year for uncontrolled diabetes and diabetic neuropathy.

The mother has fallen twice at home due to balance problems and her mobility is declining. No care giver at home right now. The daughter works full time and lives 20 minutes away. And I am guessing some of our viewers are already tuning into this as a situation that you are either currently dealing with or something similar that you are concerned about in the future. Mom owns her home. She has a \$950 pension and the daughter can not afford to pay for nursing care on her own. The hospital social worker has told the daughter to find a nursing home for her mother. The mother refuses to go to a nursing home and the physician has agreed to discharge mom to home if adequate care is available for her 24/7. So panel, let me present that to you and just see how each of you and your agencies would approach that situation. So I don't know. Should we start with you Kara?

Kara Newmeyer – Ok I will start with telling you a little bit about Aging Services with the Area Agency on Aging and then address the case scenario. The Allegheny County Area Agency on Aging provides services to residents who are in Allegheny County and primarily to those individuals who are 60 years of age and older. Our mission is to empower older individuals to help them maintain their independence and remain active and involved in the community. We do provide services on a continuum.

Our senior line is available to all individuals who have any aging related questions who are or who are interested in receiving services. Calls range from those who are interested in possibly finding out some different housing options or maybe want to locate the nearest senior center or maybe it's someone who needs personal care in their home. And that number is (412) 350-5460. Case workers answer that phone and they discuss the situation with the caller, and if appropriate, they will make a referral or to gather information for an intake. For active independent seniors, we do have senior centers, senior training and employment programs and senior companions. Now the senior centers have educational programs, fitness programs, trips, information referral and also they have a noon congregate meal, a shared meal. For individuals who are interested in reentering or entering the work force, there is the senior training and employment program which provides on the job training to individuals and helps them get reestablished in the work force. For any individuals who are interested in volunteering and visiting other frail elderly individuals, there is the senior companion program and we like to call this the Friendly Visitors and they do receive an hourly stipend to help defray the cost of transportation. Now, individuals who may need some assistance in their home would call the senior line and the senior line case worker would gather some information and make a referral for either of one of two programs, either the Options Program or the Pennsylvania Department of Aging Waiver Program which we also call the PDA Waiver Program. Now, with both situations, the case worker would be assigned to go out and visit the consumer in their own residence, gather a variety of information to assess the situation and see what programs and services might be best available to help support them in their situation. In doing this they would develop a care plan and discuss the services and then go and coordinate the services order them and then visit the consumer on a periodic basis to make sure that the services they are being provided are appropriate for the consumer and their living arrangement. Now the Options Program is for people who either are just need a little bit of assistance or maybe a little more assistance. Now for the very frail elderly, that is what the PDA Waiver Program is primarily for those who are more frail and would qualify to be in a nursing facility.

And services that we can provide through both programs range from personal care, respite care, adult day services, home delivered meals, transportation, senior companions and home health services.

Now for the Options Program, there is a cost sharing associated with the services they are provided in their home and that is based on the consumer's income. However they do take into account other expenses and try to reduce that as much as possible.

Now for the PDA Waiver Program, there are special requirements for that program. There are financial eligibility requirements and it is a medical assistance program so the county assistance office does the financial eligibility screening for that. And so all of those services that I had mentioned for the Options Program are also available under the Waiver Program but they are just able to receive more services. It is up to 80 % of nursing facilities services under the Waiver Program.

Now for individuals who are in immediate need of services or are in an at risk situation, we do have protective services. And those are for individuals who may be in a situation of abuse, neglect, exploitation or abandonment. We have 24/7 access to individuals who might be interested in placing a report of need and you would just call the senior line and they would be able to take that information and get someone out to access the situation. Again, a protective service worker would go out and visit the consumer, develop a care plan, monitor the situation, and make sure that it is a safe environment for the consumer to be in. Reporters can remain anonymous and that is very important because it is sometimes difficult for someone to place the call but it is very important still the same.

Something that I did not mention with the Options Program is the Family/Caregivers Support Program and this is to support individuals in the caregiving role. So it is very flexible and consumer driven to alleviate any caregivers stress or burden. And so any caregiving related expense has the potential to be reimbursed through that program as well.

Now the first case scenario that Sandra had mentioned, it appears that the consumer would be appropriate for our PDA Waiver Program. Like I had mentioned, that consumer would be able to receive up to 80% of nursing home services in their own home. However they did mention that the consumer needed 24/7 coverage and that is not something that we can provide. With the proper supports in place, it is a great option for any type of in home care personal care. Maybe in that situation adult day services might be appropriate, respite care while the caregiver is a distance away. Depending on what other supports could be put in place it may be an option, but just to remind her that the PDA Waiver Program can not provide 24 hour coverage in the consumer's home.

Sandra Caffo – Thank you. Brenda, do you want to pick up from there?

Brenda Gressman – Let me give a little bit of background on TRCIL and then relate it to the scenario as quickly as I can. TRCIL is one of many centers for independent living. In Pennsylvania there are actually 17 or 18 I believe. The philosophy of the Centers for Independent Living is to empower people with disabilities to live independently by giving them information so they can make choices as well as providing supports and services. The model that we use is the model of consumer control which basically means that the person with the disability is making choices about their own care and their own decision. So in this scenario, we would actually be going to the mother to talk to her about what we could do for her and we would ask her how much she wants her daughter to be involved. For example, does she want her daughter to be completely involved and be at the meetings with us and her, or does she just want maybe a phone call to the daughter saying what we talked to the mother about. Now having said how we would approach her when we send someone out, I would have to say that TRCIL provides services mainly to people under 60, so we would actually depending on the age of the mother, if it is over 60, we would have to refer to the Area Agency on Aging. And like the Area Agency on Aging, the waiver services that TRCIL provides also do not provide for 24 hour care.

So what we would do if someone went in, is try to do an assessment and see it's a perceived need for 24 hour care where the person actually perhaps maybe they don't need someone there for 8 hours at night when they are sleeping, and then we would see then if we could use one of the waivers that TRCIL provides services through and try to get them enrolled on one of those waivers if they actually don't need 24 hour care. If they really do, we would not be able to serve them.

Sandy Caffo – Alright. Penny.

Penny Milanovich – In regard to the patient scenario that has been presented, I will speak directly about home care services. This patient is not interested in going to a skilled nursing facility, but to stay in their home. In the state of Pennsylvania, basically there are two types of home care organizations. There are agencies that are licensed by the Department of Health and provide medical care and that medical care is required to be authorized by a physician and then there are home care agencies that provide continuous private duty services. I'm going to speak directly about the agencies that are licensed by the Department of Health and certified by Medicare. Our organization, which is called UPMC Jefferson Regional Home Health, is a certified home health agency and we provide several different types of skilled services. We have skilled nursing, we have physical therapy, speech therapy, occupational therapy and we have home health aid services. We have a full spectrum of professionals that are including nursing specialties that are of the following: We have bariatrics, we have behavioral health, we have cardio-pulmonary. This situation we are talking about the lady has a hypertension problem so obviously we have staff that would be able to focus on that need. We have diabetes. She also has diabetes so we will also be able to handle that area focus. We have enterosotomy therapists, we have geriatrics, we have infusion therapy, we have mother and baby, we have oncology and pediatrics. Additionally, we service a 10 county area. We are the largest home health organization in Pennsylvania. Over the past year we made over 380 thousand visits. At any given time we have 2.700 patients on service. So we certainly are capable of providing these kinds of services to a patient such as been mentioned in the case scenario.

Basically our goal is to promote optimal recovery at home after surgery, injury or illness. We also are there to try to prevent complications in hospital readmissions. We assist individuals so that they can remain in their home and live independent lives. Our services do require a physician order. They need to be medically necessary and with some of the insurance companies such as traditional Medicare, there is a home bound status that needs to be identified and determined if the patient falls within that regulation. The other thing I wanted to mention is that we do have our number is, for calling for a referral is 1-888-860-2273. That is the referral number. This is available 24 hours a day.

Thank you. Tina:

Tina Logue– I am going to talk a little bit about those agencies that are not Medicare certified as well as home medical equipment. The organizations that are not Medicare certified are primarily called private duty organizations. UPMC does have a private duty services department that at this particular time primarily services clients in Allegheny County. But we will work with folks whose family members live in other counties to provide services as well.

These services are often times continuous in nature which means they are anywhere from two to four to eight to twenty four hours a day as in our case study that we are talking about now. They can be provided by a registered nurse, a licensed practical nurse or nursing assistant of some type, and that can include a home health aid, a nurse aid, a certified nursing assistant. We also have services that are provided by home makers or house keepers to provide that type of assistance. These services when they are provided usually an assessment is done by a registered nurse to identify whether or not the services that are requested are appropriate for the type of caregiver that has been identified. They are normally paid for on an hourly basis and can range anywhere from \$15.00 an hour upwards to \$45.00 an hour. The organizations that are colleges of ours in private duty also usually charge around the same types of rates. In this particular case, with regard to private duty nursing, it is difficult and expensive to provide 24 hour care seven days a week. One of the things that we have some success in doing is working with other services that are in place for that particular person. As Kara mentioned, talked about some of the adult day care situations or some other services that are provided by the Area Agency on Aging, private duty can augment those services. We can also work with family members who might have a caregiver, a family member, who might live with this particular client in this scenario. So there wouldn't be a need for someone to be there overnight. Those kinds of situations can occur.

In addition to that, on the home medical equipment side, UPMC does have a medical equipment provider. It is UPMC Home Medical, Home Medical Equipment and Durable Medical Equipment are often times used as the same type of term meaning the same type of things. Those are primarily pieces of equipment that are provided in a patient's home and it assists them with their day to day living needs. There are things like hospital beds, wheelchairs, oxygen and other respiratory related items. UPMC's home medical equipment company has, on any given day, 10,000 folks on service and because of it's partnership with a national provider, it is really able to provide services not just in Pennsylvania but in all other states actually in the United States. In this situation, again in our case review, one of the things that was mentioned here about this particular patient who might be being discharged soon, is that she's had some breathing problems. Sometimes those breathing problems can be caused by lack of oxygen at night while she is sleeping. There are certainly several ways to be able to identify this. One of the simplest ways is to identify through a nocturnal pulse-ox test that can be done prior to her being discharged or in the home that might identify whether or not her oxygen saturation levels are dropping while she is sleeping. And she might need oxygen in the home. She may only need it for night time utilization.

Another situation that is identified in this case review is that she has fallen twice at home due to balance problems. She may need a walker, she may need a cane or quad-cane or she may need a wheelchair. Those are also things that can be provided by a Home Medical Equipment provider. The other situation that can be identified here is also her diabetes. Some of the diabetes testing monitors and strips and things can be provided by home medical equipment providers and from a private duty prospective, those things can also be monitored by assisting that particular patient as well as by assisting with nutritional behaviors and nutritional diet types of things on an ongoing basis to hopefully keep her diabetes from really being uncontrolled in a much better controlled situation.

Sandra Caffo – Great. Thank you. Rosie.

Rosie Cooper – I feel, I think my spot here is very appropriate because when your parents or a parent is in need for Senior Citizen and previously has talked to all of the other agencies, we do get the referrals into CATS. And at Center for Assistive Technology, we are very appreciative that we have close relationships with our health plan, we are pretty well known within the UPMC community, certainly to the agencies and we work closely so we are recognized when it comes to in the mother's case to the mobility to the risk of falling that we get her referred to our center. When it comes to our Center to the referral, there is a certain apprehension; there is a certain nervousness on the family's side also on the communitarian's side. So we try to really establish to provide a very comfortable environment. And in that environment is we demonstrate our client's service centered approach. We first explain the process. Most of the process maybe the mother has received or the doctor through bits and pieces through the different agencies. But they don't know quite yet what it means to get a wheelchair or a permanent mobility device. So when our client comes in, they are first get a nice reception through our registration our schedulers are very knowledgeable about explaining the procedure over the phone, but then we repeat it again when they come to the clinic. I am one of four therapists working in our center. I serve as a facilitator. I am very fortunate that I work in a team. Our team consists of therapists, speech language therapists, rehabilitation engineer. We are very fortunate that we have a physician on board. We also work very closely with a rehab tech suppliers. So our visits are not just 10 – 15 minute short term visits. They take about 2 or 3 hours. We explain to the client this is almost like a one stop visit. But all of the team experts come to the client. Our goal is to really explain the procedure, empower the client with the pros and cons of mobility devices; allow them to even try the devices, we have demo devices that they can try in the clinic and we bring the experts to them so during the visit they not only have the chance to talk to the therapist but they also will be talking to the supplier, technology will be explained and also to the physician to address any medical problems that might have been not addressed or might not be appropriate for an original recommendation.

The other important part is that we strongly believe in that we do empower our clients. We do put the decision at the end in the clients lap and into the family's lap. But we hope that by the time a client and the family are ready to make a decision to the mobility devise, that they have all of the knowledge. So at the end of the initial visit, we do not ask them to make a final decision. That will be done when the devise is tried in the home. And that is the key part that it buys the client some time and the family to even think about a new devise and how it will impact my home. But then it will also provide the client to ask additional questions, write down additional questions so traditionally two weeks after the initial visit a supplier will come with the trial device to the home and at that time, family can ask, can think about it, can try it in the home and see if it works, if it meets the mobility needs, if they can do what they like to do and then at that time, we ask them to make a decision on it. So it is not a fast process, but we believe it is a very well thought through process. And we do except if our best educated recommendation with anything does not work in the family style, we come up with another solution, maybe ask them to come back to the clinic or bring another demo device out, another type of mobility devise. And that has worked pretty well for us. The other closing part to it is once we make a decision, once an item is approved; through the process we do the delivery at our clinic. Sometimes it is a little bit of a hesitant "What, we have to come back to CAT, we have to come back to Oakland, I already made the decision" but we believe strongly when we do the delivery of the devise that the client has the team, the CAT's team behind them in case we need to modification or the delivered device needs to be adjusted, customized. And we can provide that service. We can also see if there has been a progression maybe in the mobility and our original recommendation now needs to be adjusted, we can do that at the time of the delivery. We also offer that after the delivery, the clients can always contact us back. It is not a final point. We hope that they can use it, that our recommendation is right, they can use it for the duration of the mobility devise to meet their needs, but we are always open and recommend to please come back for follow up visit if any adjustments has to be done. Since our main goal is to really to provide mobility and independence and really literally put the life in motion and I think for the daughter with her mother, she will get a true comprehensive evaluation where both mother and daughter hopefully will feel that they have control over the situation and they got the expert information.

Sandra Caffo – Thank you. I think that it is obvious that resources are available here. But let's just change the scenario a little bit and I am going to present our panel with a slight variation on the scenario that they just addressed.

The daughter in this case now finds out that her mother has some additional financial resources. And the mother has long term care insurance. The daughter's father had stocks in her mother's name and they are valued at \$35,000.00. The daughter is willing to contribute some private funds if the mother can stay at home. So I think I am just going to direct this open to the panel and you can respond in any way you would like. Does the increased financial fund availability, how does that impact the service delivery that any or all of you might offer? So panel, take it away.

Panel Discussion:

Tina Logue - I certainly would like to address the private duty component of that. That is the additional funding certainly will identify the opportunity for this particular patient and daughter to engage additional services from a private duty prospective. At that point, with the long term care insurance, many long term care insurance organizations do pay for continuous private care in the home depending upon what those needs are and each and every long term care policy is a little bit different and each of the companies that sell long term insurance policies have some differences. But one of the things that they usually identify is if somebody is unable to provide activities of daily living on their own they will often times pay for that care. So those additional resources would definitely impact the ability to engage private duty services and pay for them even at a 24 hour a day time frame.

Sandy Caffo – Ok. Anybody else?

Rosie Cooper - I would like to say sometimes our mobility devices are dependant on the accessibility in the house, like for instance, if the mother would be appropriate for a power wheelchair which most likely would be a case for the elderly because it is a little bit less effortless mobility means. But if there would be like needs to build a ramp or maybe modify the home, those additional funds would be certainly beneficial to the mother to do those home modifications. And what then we would do is if we find out that our device that we really ideally work for the mother, we then would refer to like organizations like TRCIL or UCP to find and refer the daughter too investigate about contractors that are familiar with these modifications. And we do assist at least making sure at our end that the power chair will meet her needs.

Sandy Caffo – Good. Any other panel members want to offer anything?

Kara Newmeyer - Yes, previously, I had said that the consumer would be appropriate for the PDA Waiver program, but there is a financial eligibility component to that, so with those that amount of assets and resources, the consumer would not be appropriate for that program. However they could use that money to spend down to make them eligible for the program. And as we mentioned private duty nursing and in home care could be appropriate or the Options Program that I had mentioned before does provide services for individuals who are not eligible for the PDA Waiver Program. So yes, in home private duty could be a great option, but until they would spend down to the asset level that is appropriate for the PDA Waiver Program that would no longer be an option.

Brenda Gressman - The Under 60 Waivers also have a financial eligibility cap and it is possible that the person would have to spend down in order to become eligible for those also.

Sandy Caffo – Ok great! Thank you. Now it's time to put you to work and we are going to deal with questions and I'll start with the questions that we received prior to today's broadcast. So let me start with the first one that came in.

Here is the situation: My mother is in the hospital and will be sent to a rehab facility for 3-4 weeks. And I'm concerned about my ability to take care her when they release her from the facility. What do I do? So here is another variation on a family member's concern for caring for a parent who has been at a facility and is coming home. Tina and Penny, let's have you answer this one if you will.

Penny Milanovich - I can start. We in the home health market have skilled services for rehabilitation which is our speech therapy and our occupational therapy, and physical therapy. And also we have orthopedic nursing. So a patient such as this, that is coming home, we would be able to supply to that patient those kind of services that are deemed to be skilled in nature. And some of the kinds of things that we do in the home that can help people such as this out, in physical therapy, the types of things, and this is not all inclusive, these are just some examples of the some of the types of things that we can do for our patients in the home. Patients may have difficulty with walking. We did hear in any earlier scenario where a patient had problems with falls. We do do in the home, whenever we admit a patient, we do a falls assessment. The falls assessment is scored appropriately and depending upon where that number is, the patient will get particular resources to help facilitate the ability for the patient to learn to ambulate better and be less able to have a potential fall in the home. The other thing that can happen is patients who need to have help with transfers. If this patient's going to be in the home by themselves and they need to have some assistance in that direction. The other thing that can happen is that the decrease in strength and endurance and range of motion, those things can be assisted by therapists in the home that could be provided that may be an extension of what occurred in the rehabilitation units. The other thing; occupational therapy. There has been some discussion about assistive devices. We do have occupational therapy in the home. They are particularly concerned about patients that have fall risk and safety issues. Patients may have problems with difficulty in seeing, particularly the seniors and the elderly which can have a higher chance of risk of fall. They may have difficulty with self care in dressing and bathing. They may need adaptive devices. These may be given to them, occupational therapy can help assist in teaching and educating the patient in regard to adaptive devices. The other thing that they look at is home safety. This is something that we don't normally think about, but if a patient is in the home and they have rugs on the floor, those may be an increased risk for a particular patient. So those certainly could be evaluated and removed. And in regard to orthopedic rehabilitation nursing, they can help patients that need to have, that have been maybe deconditioned or activity intolerance has occurred maybe because of a surgical procedure. They can help assist in that direction.

Sandy Caffo – Great. Thank you.

Tina Logue - Ok, again from a private duty prospective we would definitely be able to assist this particular family member once they are discharged from the rehab facility. One of the things that is very helpful to private duty organizations, especially our organization, if we know that that particular person is coming out of a rehab facility, it is helpful to us to know what their plan of care has been there and what kinds of things that their working on so that that can continue in the home with those supportive things. In addition to the Medicare Certified components that Penny discussed, private duty augmentive services in more of a continuous situation; maybe that person needs four hours of care on a daily basis or would potentially need that care after they've met their goals from the Medicate Certified side.

Sandy Caffo – Great. Thank you. Another question and I think Kara we will start with you and then if anyone else in any of these questions wants to add something, please do. Here's the situation. My neighbor is 85 years old and lives alone. I suspect that she is not eating well. And I also suspect that she is afraid of her son who tends to come around only once a month and at the same time of the month. I have known her almost 30 years and am concerned about her. Who would I call to get some help for her without her son knowing about it? Kara , what do you think?

Kara Newmeyer - You can certainly make a referral to our senior line. That number again is (412) 350-5460. And that will start the ball rolling. They will ask for some demographic information on your neighbor and at that point, after the referral has been made, they would make a call back to the consumer to make sure that they are interested in services. Something off the top of my head is that it really sounds like this individual could benefit from would be home delivered meals. And I am sure that there would be many other services that could be appropriate once they make a visit. However, with the son coming at the same time every month, I would be a little worried that there is really a protective service situation and there might be some financial exploitation. Now if you believe that this is the case, then you could definitely call the Senior Line and make a Report of Need. From there, the protective service department would get involved, investigate the situation and make sure the consumer is safe. As I mentioned before, the reporter can remain anonymous so that neighbor who is calling on behalf of the consumer does not need to be worried that her identity will be disclosed. So definitely make the call, initiate the services and we can go from there.

Sandy Caffo – Anybody else on that one? OK. Here is one. Brenda let's start with you and maybe Rosie will want to come in here as well. My mother had a stroke and will be discharged from the rehab facility to a nursing home. She does not want to go to the nursing home and I am hoping that we could bring her home instead. What all would I need to do to make sure that she comes home instead of going to the nursing home? What do you think needs to be in place there?

Brenda Gressman - Well, in that case, I would suggest calling and making a referral to the nursing home transition program. You would call my supervisor, Lynn Buccilli at TRCIL. She is the program manager of nursing home transition. And her phone number is (412) 371-7700 extension 169 and then if your mother is under 60 we would directly one of the service coordinators would go out and do an assessment so she can get into the home and whatever sorts of things she might need. If the person is over 60, then my supervisor would refer to the person at the Area Agency on Aging that takes the nursing home transition referrals.

Sandy Caffo – Ok

Brenda Gressman- You want to make sure that you let the nursing facility staff, the social worker, the nursing staff and so on let them know that your mother has been referred to the nursing home transition program so that if they need to find out what that is, if they are not familiar with it, they can see what it is and work with our staff to help you mother get into her home safely and keep her out of the nursing home.

Rosie Cooper– I would also, upon discharge, see if we can do like a mobility evaluation to see why would she not be able to come to a house and certainly working close with TRCIL doing a home evaluation accessibility. Maybe it is that her mobility is limiting her to return. So we evaluate if she is a candidate for a power chair or independent mobility. But there are also, if it is a safety issue, that we can do some monitoring, home monitoring devices. Right now, a common product is life line or a call button. We don't necessarily provide the technology but for sure we have the resources and can provide that to the family if it's a safety issue. Technology is always advancing and I really would recommend maybe today's technology does not provide the home monitoring device, but we are affiliated with the Research Institute and that's the benefit of being at the University of Pittsburgh. So we might not have yet the technology but we do know that we are working on future technologies. There is the Institution and we are working on the Quality of Life Technology Institute. So this is just new grants that we were awarded and it is a ten year project. So there are and we are working with current researchers and technology providers and doing technology transfer to provide that these monitoring devices and this is actually really one part of the mission is to defer the referral into the nursing home to really provide persons and the elderly to live as long as possible at home. So we might not be able to yet provide you with the handy technology and say you can go to Home Depot and revert your home to it. But certainly we are moving in the right direction. And I would really recommend if you remember this broadcast keep in touch, call us what is currently the technology that is available to you. We certainly can give you an update. We can give you resources and technology is changing daily so what you might not see today, is not necessarily that we won't be able to provide it to you tomorrow. So for right now, we are limited because it is still in the research iron, but there is great future science to do that monitoring and certainly we can keep in touch with all of these organizations, we all communicate to each other and keep in contact.

Sandy Caffo – Great. Thank you. Another question: A slightly different issue being raised here. My mother is in the process of selling her house and has very little income. Are there any government subsidized apartments available and if so, what is the process of obtaining one? Any information you could provide would be very helpful. Brenda, why don't we start with you?

Brenda Gressman – Housing is always difficult because if you need any type of accessible housing even if you just need an elevator building, you need to apply for the housing and get on to a waiting list. We are often finding that it can take a year for that housing to become available. So you want to use whatever tools that you have to increase you finding out about more housing. And I do have a few tools that I can share with everyone. If you have internet access, there is a very good tool that the Pennsylvania Housing Finance Agency provides on their website which is www.phfa.org all in small letters and that is the affordable apartment locator. You would follow the website, go to the main page, click on housing resources and that gives you a pull down menu and near the bottom is listed the Pennsylvania Affordable Housing locator. When you click on that, it gives you something like a form to fill in and you can search either by county in Pennsylvania or by zip code for the location of this housing. You can also search for number of bedrooms in case a mother and daughter want to find some accessible housing and the daughter is going to live with her mother and help care for her. And not only does it tell you if the housing will be wheelchair accessible when you generate this list, but it will also show you housing for people who are hearing impaired or for people who are blind. Additionally, it divides up the housing into housing which is for people ages 62 and over and other housing which is just general housing. So this is a great tool if you have internet access. And I really recommend it, because it will give you a list of places with the name of the building, the address, the phone number and email for the property manager if the person has it. So you have several ways that you can contact them. The page will also show you apartments that are immediately vacant but on any giving day there will be very few if any coming up at all as being vacant. Other places which you can go to look for housing Allegheny County Housing Authority has quite a number of nice properties both families and senior around the county. They have a web page which is very helpful, www.acshng.com and their phone number is (412) 402-2489. The Housing Authority in the city of Pittsburgh again also has a great listing of senior and family properties and the amenities that they have on its web site which is www.hacp.org their phone number also (412) 456-5000. And those are good because they each have several properties. Now sometimes we will get calls at our office from people asking us what housing which we have and Three Rivers Center for Independent Living (TRCIL) does not own or maintain any housing. Just for everyone's information. Although we do, when we are called, refer people to housing which we know of. And of course, if a person is in a nursing home and they are calling for housing, then much more assistance is provided. Once my supervisor would receive a referral by phone, she would assign the individual to me and I would go out and ask them several questions to determine what housing they want to look for that would be best for them. The first thing which people are always concerned about is the location of their housing. A lot of people

would like to live in their old neighborhood and if there is housing in that area, I will try to get them an application for there. There are a few people who no longer wish to live in the old neighborhood because it has gone down hill and then you need to get into a dialog of what other sorts of things are they looking for, close to family members, do they want something which is close to grocery stores or shops, something that is close to transportation. Even if the person themselves does not take the bus, if you have attendants coming in, you do want housing which is near a bus line. So these are all things which I have found out about a lot of different properties so that I can give information to people and they can decide where they would like to apply to find their housing. Other things which people sometimes ask about is whether the housing is near a library or by a school or sometimes if a person is older, they really don't want to be by a school, grade school or high school or anything like that because they feel that it is going to be too noisy. I have a number of requests for quiet neighborhoods. Sometimes I don't know and sometimes I have actually helped someone else move into a building and I can say that it is fairly quiet.

Kara Newmeyer - Could I add that the Area Agency on Aging has a housing specialist at the senior line, that number you can call, and they have information on the different housing authorities and different options for individuals. So if you would call that senior line you could get additional information from our housing specialist.

Sandy Caffo – We are going to squeeze in one final question. And Tina this is going to you and if you can give us a kind of one sentence answer that would be great. Where can I get a bathtub chair for my father and let Medicare pay for it?

Tina Logue - Actually you can get bathtub chairs in very many locations. They are available in many of the drug stores and other types of stores that have those types of things. Just for medical equipment over all, medical equipment is covered by Medicare and other insurance providers based on what that patient's diagnosis is and the physician will identify through a letter of medical necessity or a certification of medical necessity to make sure that that particular piece of equipment gets covered. And if you would call our provider, we would be able to identify specific to that particular situation what is covered and what isn't. And I think Penny mentioned our number once before, but UPMC does have a general number for all of our in home services. It is 1-888-860-2273 or 1-888-860-CARE. So if you need equipment, if you need Medicare certified home health agency private duty nursing services, any of those types of things, call that number and listen to the options there and we would be able to help you.

Sandy Caffo – Great and thank you and that was a great transition to our resource slide. I want to thank all of our supporters today University of Pittsburgh Institute on Aging, the Employee Assistance Program, UPMC Home Health and UPMC Home Care Program, Center for Assistive Technology, PA Area of Agency on Aging and the Three Rivers Center for Independent Living. We have one more task for you to do in the audience and

that is filling out the evaluation that is on your screen. If you will click on that button and fill it out and electronically send it back to us, you are helping us make sure that we keep these webcasts as functional and productive for you as we can do that. So please please do your part and fill out the evaluation. Finally, let me just thank you for tuning in and also encourage you to look at all of the archived information in all four of the webcasts and keep your questions coming to the Institute on Aging and to the Employee Assistance Program and those resources are listed in the print out today. So thank you, panelists very much, for your wonderful presentations and thank you for listening. And have a good rest of the day. Bye.