

Meeting the Challenges

Quarterly

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Partnership to Preserve Independent Living for Seniors and Persons with Disabilities

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24 hours a day—EVERYDAY
Information and Resources**

A SPECIAL PUBLICATION TO HELP US MEET OUR DAILY CHALLENGES AND LIVE MORE SUCCESSFULLY.....

What Are Illegal Care Facilities?

By Michael S. Goryan, Director of Education, FFCE (Resources for Continuing Education)

Caregivers for the elderly are our most valuable resource. It is predicted that by the year 2010, there will be a critical shortage of those ready, willing and able to care for our elderly. Recent legislation has allowed individuals to care for others in that care provider's private home. However, there are strict provisions that limit how much care can be provided, and if it is believed by regulatory agencies that the care is not proper, sufficient, or adequate, the caregiver can be fined and even jailed.

There are several "levels" or directions an elderly person can choose. The basic level is room and board. This is a setting in which a person can voluntarily go, but cannot expect any care whatsoever except a meal or two per day, linen changes once per week, vacuuming, basic housekeeping--and that's it. No help with bathing, grooming, dressing, feeding, etc. A room and board is a place to sleep with some meals provided.

If any care is necessary, then there is another level of care possible: in-home services. This assumes a high level of independence. In-home services can be provided by a paid professional, a paid assistant, care from a home health agency, or County-provided In Home Supportive Services (IHSS). IHSS is available to low-income seniors.

The next level of care can be provided by family members or by a "close

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**Partnership to Preserve Independent Living
6296 Rivercrest Drive, Suite K
Riverside, CA 92507**

Thank you for your generosity and assistance!!

Meeting the Challenges

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friend"—in their home.

The California Appellate Court established the definition of a "close friend", which would allow for the caring of an elderly person by either a family member or an individual meeting the definition of a close friend.

The definition states the care and supervision of a person or persons is legal if the person or persons requiring care are from the same family. This means that if there are two, unrelated persons in the same house receiving care, it is an illegal facility. However, a husband and wife can be cared for in the same home by a family member of a close friend.

Secondly, the person rendering the care cannot be a current employee of a licensed care facility or own a licensed care home, but may provide care in their private, unlicensed home. Another provision requires the friendship to have preexisted any provision of care, and the care cannot be of a "business nature." This does not preclude the collection of monies from the recipient of care, but it must be for the actual costs of care, i.e. food, utility costs, etc. These costs must be provable.

Another level of care is "board and care." Board and

care has other names which all translate to mean the same--Assisted Living, Residential Care--is a care setting licensed by Community Care Licensing, a division of the California Department of Social Services. The State of California requires any home or facility that provides care to the elderly to be licensed.

Board and care homes provide all meals, housekeeping, and all "non-nursing" care such as assistance with medications, bathing, grooming, walking, activities, getting to the doctor or dentist, etc. There are approximately 6,210 such facilities in California, with nearly 300 in Riverside County.

Any care that is "nursing in nature" requires placement into a skilled nursing facility, also known as a Nursing Home.

The problem since the Appellate Court decision in 1999 has been many "close friendships" have spawned care settings without regard to the law.

The penalties for illegally caring for another are severe and can lead to imprisonment. The process includes a complaint investigation conducted by the Department of Social Services (DSS). A law enforcement representative is called to the home to investi-

*"...he learned
you add to,
you don't cancel
what you do."*
- Thom Gunn

gate. If it is found that a "close friendship" did not preexist the care relationship, the city attorney files charges at the request of law enforcement or DSS. Upon conviction, the person will be fined \$1000 and sent to prison for up to one year. In addition, a \$200 a day fine can be levied from the time of discovery and the court's decision, especially if the care continues during this time. A conviction may also result in the denial of a license or denial of employment in a legitimate care facility.

A licensed facility will have a posted license from the State of California. The State of California unfortunately does not issue annual licenses, so there may be an old date on the license. It is best to ask for the facility's last State evaluation. If it is over a year old, the facility may not be licensed.

The easiest way to determine if a facility is licensed by the State is to access Community Care Licensing's website at www.cclld.ca.gov. You can search for a facility by name, by address, by city, by

To find out about **Caregiver Services... In-home assistance... Transportation...** Or just to talk with someone about your individual challenges... **Call the Riverside County Office on Aging HelpLink at: 1-800-510-2020.....**

county, by license number, or by zip code.

Each facility will have a license number. This should appear on the posted license, on business cards, letterhead, envelopes, vehicles (if a facility name appears), brochures, or any other form of advertising. A sign outside the facility usually does not appear unless the facility is larger than six beds. Even facilities with up to 20 beds may not post a sign outside to advertise. If there are more than six beds in the facility, the city should have information on it. However, six-bed facilities are not required to have a business or city license.

When there is doubt of a facility being legitimate, call local law enforcement to investigate. If abuse is suspected, a call to Adult Protective Services or law enforcement will trigger an investigation.

Michael Goryan is the Education Director for RFCE (Resources for Continuing Education). For more information, call 1-866-257-RFCE or visit their website: Go to Vital Connections <www.Vitalco.net> and click on the RFCE Sponsor link. ■

CORRECTION.....

The Spring Issue of Challenges contained the article, "A Little Extra Caution Can Help Avoid Traffic Accidents" by Julie McPherson. Jim Schwabe, Assistant State Coordinator for AARP called to tell us that he enjoyed the article, but that it contained an important error. Mr. Schwabe provided us with the following update on tailgating:

Tailgating is a major problem on both high-speed roadways and surface streets. Most rear-end accidents are caused by following too closely. To avoid this, use the "three-second rule". When the vehicle ahead of you passes a certain point, such as a sign, count "one-thousand-one, one-thousand-two, one-thousand-three" This takes about three seconds. If you pass the same point before you finish counting, you are following too closely. If driving conditions are less than ideal (such as wet weather), or if you are being crowded by a tailgater, give yourself a four-second or greater cushion behind the vehicle in front of you. ■

Five birds are sitting on a wire when two decide to fly south. How many are left?

Five — according to Michael Josephson, founder and president of CHARACTER COUNTS. He says that *doing something* is far different than *deciding* to do something.

IN THE MAIL

David Brostrom writes to Challenges readers:

"I am a member of Riverside County's Advisory Council of the Office on Aging.... Those of us involved with aging concerns are pleased that we have a level of services that are being enjoyed regularly. However, the identifiable needs among the elderly can only make us wish that resources were such that we as a society could offer a full glass."

"When I am sitting around the seventeen member Advisory Council table each month, I am impressed by the level of compassion and commitment to senior causes. I am proud to be a part of such a great group of community volunteers. Please feel free to share concerns with any one of us."

EDITOR'S NOTE:

Mr. Brostrom represents the southern part of Riverside County on the Advisory Council. He is also a candidate for the 66th Assembly District. To find out who on the Advisory Council represents the area in which you live, call Della at 1-800-510-2020, x225.

**Mobilehome Park Residents Allowed
to Have at least One Pet!**

The California Mobilehome Park Act [California Civil Code 798.33] provides that "No lease agreement entered into, modified, or renewed on or after January 1, 2001, shall prohibit a homeowner from keeping at least one pet within the park, subject to reasonable rules and regulations of the park." The act further specifies that no additional fees may be charged the resident for having a pet, unless the "management actually provides special facilities or services for pets", such as kennel services for example.

This legislation defines "pet" to mean "...any domesticated bird, cat, dog, aquatic animal kept within an aquarium, or other animal as agreed to between the management and the homeowner." ■

**CHECK YOURSELF
FOR THE PRESENCE
OF SKIN CANCER**

Skin cancer is the uncontrolled growth of cells in one of the layers of the skin. There are several different types, including basal cell carcinoma, squamous cell carcinoma and melanoma.

Basal cell is the most common and is usually slow growing, raised, translucent, pearly nodules, which, if untreated may crust, ulcerate, and sometimes bleed. They occur most often on the head, neck, hands and trunk.

Squamous Cell is usually raised, red or pink, opaque nodules or warty growths that may bleed or crust. They often appear on the top of the nose, forehead, lower lip, and hands.

Melanoma is less common but very serious. They often have irregular shape and color and may have "notched" edges. Large moles and those that develop late in life are suspicious.

See your doctor immediately if you suspect that you have a skin cancer.

[SOURCE: RCHF]

New How to Protect Your Personal Safety Video in Libraries and at Senior and Community Centers Now!!



Viewers of the “How to Protect Your Personal Safety” video learn the steps to take to help protect themselves from becoming a victim of robbery, burglary or sexual assault and how to stay safe if confronted by an armed robber. It was made by the Partnership to Preserve Independent Living in cooperation with the District 5 C.A.R.E. Program of the Department of Public Social Services, the City of Moreno Valley and the Moreno Valley Senior Center. It features practical advice and easy to follow guidelines provided by Officers of the Moreno Valley Police Department. Funding for the project was provided by the Riverside County Office on Aging.

Alternatives to Domestic Violence Provides Services in Riverside County

Violence occurs in families of all incomes, races, religious groups, and occupations. There is no “typical” victim.

Domestic violence is a crime and none of us need to wait until we have broken bones or bruises to seek and get help! The 24 Hour Crisis Line number of Alternatives to Domestic Violence (ADV) is 1-800-339-SAFE (7233).

ADV provides crisis in-

tervention counseling, ongoing victim support and referrals to support programs.

If you are in an abusive relationship, ADV suggests you take the following steps:

- Find a friend, neighbor or relative who will help you in an emergency
- Arrange a signal with a neighbor to let them know when you need help
- Be prepared to get away and plan the safest time to go

- Keep important things together, like birth certificates (for you and your children), your social security card, driver's license, etc., so that they can be retrieved quickly
- Call police if you are in danger
- Call *Alternatives to Domestic Violence* to find out about laws and community resources before you need them! ■

24 HOUR CRISIS LINE FOR ALTERNATIVES TO DOMESTIC VIOLENCE 1-800-339-7233

FIVE WISHES..... AN EASY AND INEXPENSIVE WAY TO PLAN AHEAD

Five Wishes has been dubbed the “living will with a heart”. It was developed by a non-profit organization with the help of The American Bar Association’s Commission on the Legal Problems of the Elderly with support from The Robert Wood Johnson Foundation. It is easy to complete, inexpensive and valid under the laws of California and most other states if properly filled out and signed.

Five Wishes is different because it lets us talk about our personal, emotional and spiritual needs as well as our medical wishes. It lets us tell our family, friends and doctor how we want to be treated if we become seriously ill.

Following are the Five Wishes we make:

- Wish 1—First, we choose our health care agent to make sure that all of our other wishes are followed, and say what kinds of medical care or services we want and under which circumstances.

[For each wish, this is done simply by allowing paragraphs that say what we want done to remain and by crossing out those paragraphs that say things that we don’t want to happen. There is also a space to write-in other things that aren’t already covered.]

- Wish 2—Next we provide directions for the level of life-support care we wish to be administered under the most serious of conditions.
- Wish 3—Our third wish tells those who are providing care for us what level of pain management we want and includes

other directions that deal with providing for our comfort.

- Wish 4—Then we provide directions for the way we want to be treated by our family, friends and care providers when we are very seriously ill or when death could come at any time.
- Wish 5—The last wish provides us with the opportunity to tell our loved ones the things that we want them to know, including such things as the way we wish to be remembered or any memorial instructions we wish to give.

Mostly, Five Wishes is completed by crossing out statements that we don’t agree with or writing in a few lines that clearly state our wishes. It’s very easy and takes away all of the guesswork for those who care for us or who we leave behind.

Serious things can happen to all of us, no matter our age or health condition, and Five Wishes makes it easy to take care of these matters responsibly. Anyone 18 years or older can and should prepare for the eventuality of serious accident or illness.

Copies of the Five Wishes document are available from the non-profit *Aging with Dignity*. Their toll-free phone number is 1-888-594-7437. A single copy costs \$5, and twenty-five or more copies are \$1 each plus shipping. A video, that explains how to fill out the forms, can also be purchased for \$19.95. ■

The Partnership has a limited number of Five Wishes available for free to *Meeting the Challenges* readers. If you are unable to get Five Wishes directly from Aging with Dignity, please call Gail at (909)697-4697 and we will send you one. This offer is limited to the supply on hand.

Medicare Beneficiaries

Get Reprieve.....

For Prescription Drug Coverage

In the past few years, seniors could switch health care plans every month if they chose and many seniors switched plans when they reached the cap on their prescription drugs. Congress voted in early fall of last year to restrict movement from one plan to another more than once during each year.

This restriction on switching plans would have meant that the Medicare beneficiary would no longer be able to change plans when their prescription drug cap was reached and they would have to pay full price for their prescription drugs until the next year.

However, the recently enacted Public Health Security and Bioterrorism Preparedness and Response Act included a provision that has now delayed the action taken by Congress *until 2005*.

For help with your Medicare or health care questions call HICAP, the Health Insurance Counseling and Advocacy Program. Funded by a grant from the State of California, HICAP provides objective information on Medicare, HMOs, Supplemental Insurance and other health care issues free of charge to seniors and other Medicare beneficiaries. Counseling is available throughout Riverside and San Bernardino counties. For more information or a brochure on HICAP call (800) 434-0222 or (909) 697-6565. Programs on Medicare and other related health issues are available. ■

The Social History of Ice Cream

Ice cream treats probably had their origin in China around the Third Century, B.C., where it was recorded that river ice was stored for the purpose of making a "melon sorbet". In the Eleventh Century in Japan ice was mixed with fruit to make a sort of slush desert.

Sherbet was "invented" in the Middle East. First there was only one flavor—lemon. Later, syrups of different flavors were added and the result is what we now think of as Italian Ices. However, this tradition spread first to Spain, where other iced deserts were developed, then to Italy and finally to France.

When cream was first added to ice foods the resulting ice cream was seen as a "treatment for people of weak constitution who needed to be fortified".

Ice deserts were originally just for royalty, but became widely available to the public in the 1880s, though they were very expensive. Post World War II is when ice cream really became widely available for everyone.

[SOURCE: From an interview with Merry White, Professor of Culinary Anthropology, Boston University —as broadcast on National Public Radio.]

The Grandparents Raising Grandchildren Advocacy Program of Riverside County offers support to grandparents raising grandchildren, and assists them in receiving services such as legal services, counseling, affordable childcare, financial and medical assistance.

The Grandparents Raising Grandchildren Advocacy Program is looking for people who want to make a difference in someone else's life. If you are interested in volunteering with this program, or are a grandparent in need, please call Mary Jo Casino, Coordinator of the Grandparents Raising Grandchildren Programs at 909-791-3573.

Get answers to questions about raising grandchildren, call WarmLine at 1-800-303-0001

Have a Problem With Your HMO? Here's How to Get Help.....

The State of California Department of Managed Health Care's *HMO Help Center* can help resolve problems with health plans, including issues about medical care, prescriptions, preventive testing and mental health services.

The first step is to file a complaint with your health plan, but the *HMO Help Center* can also assist with information about any HMO's complaint process. The phone numbers for the HMO Help Center are (888) HMO-2219 or TDD (877) 688-9891. They will also help with questions about California's complaint process and your health care rights. Or, you can easily access their website through a direct link on the front page of Vital Connections <www.vitalco.net>.

If your health plan does not resolve your complaint to your satisfaction within the required 30 days, you can then file a complaint with the Department of Managed Health Care. The Department's complaint process consists of a review of all written information provided by both you and the health plan, including relevant medical records, if necessary.

Every attempt is made to resolve complaints within 30 days.

To file a complaint with the Department of Managed Health Care, you must complete a "Consumer Complaint Form" (call to request or download from website) and send it in with a signed "Authorization for Release of Medical Records" to the address on the Complaint Form. Supporting documents should be attached. The Complaint Form and copies of documents may also be faxed to the *HMO Help Center* at (916) 229-0465.

If your dispute involves a serious or imminent threat to your health (such as denial of treatment for life-threatening cancer), inform the Center your call is an urgent matter. Assistance is available 24 hours a day, seven days a week at the toll free Consumer Help Line: (888) HMO-2219 or (877) 688-9891 (TDD).

If the Department resolves the complaint in your favor, the health plan will be ordered to provide the required services, pay for the services, or take the necessary action. If the health plan

refuses, the matter will be referred to the Department's enforcement or licensing attorneys for possible assessment of administrative penalties or formal enforcement actions.

The Department of Managed Health Care's complaint process does not take the place of a civil action. The HMO Help Center will not give legal advice or act as your attorney. The complaint process should not be considered a way to gather facts in preparation for any potential legal action. You can, however, take legal action at any time during the complaint process unless your plan requires that disputes be submitted to arbitration or your plan requires use of the Department's Independent Medical Review process before you can take legal action.

If you are a member of a Medicare HMO, you have special rights to appeal the HMO's refusal to provide or pay for any service. Also, if you are a Medicare beneficiary, you may ask for help from the Health Insurance Counseling and Advocacy Program (HICAP) (909) 697-6565.

■

How to Successfully Work with a Service Agency

NOTE: The following guidelines for dealing with *Community Services* agencies were provided by a reader who works for an agency.

1. Be patient and PERSISTENT.
2. Keep a notebook of contacts you make. A three-ring binder works great. Make a separate sheet for each service you try to locate:
 - List the name, telephone and address
 - Keep a record of each contact
 - Write down the date you called, the person you talked with and a short summary of what was said.
 - When you call back, ask for the same worker if he/she was helpful—otherwise ask for someone else, and refer to your notes.
3. Some of the questions to ask when you call an agency are: What services are offered? Who is eligible? What restrictions are there? What is the procedure for signing up? What is the fee and how will it be billed? Is there a waiting list? What information do you need? What is the next step?
4. Find out if there is someone in the agency, such as a Social worker (a person with a Master's degree in Social work), who could assist you with the application process and be assigned to your case.
5. If the agency requires an interview, be prepared:
 - Find out what documents will be needed - make a list of the papers you will need to take to the interview
 - Confirm the appointment a day in advance
 - Take notes during the interview. Clarify what is going to happen. Find out what are your responsibilities and what are the agency's responsibilities.
6. Never (almost) leave an original document. Make sure you take home all the documents you brought with you. If the interviewer wants to keep a document, ask them to make a copy for their records.
7. Keep all important papers together in a folder so that they can easily be located in the future. ■

Norco Door-to-Door Express Transportation Service Available Now!

The Norco Senior Center is providing door-to-door transportation service to Norco seniors and disabled residents on Mondays, Tuesdays and Thursdays, from 9am to 3pm.

Area residents may use the service for the purpose of grocery shopping, medical visits, obtaining prescriptions, bill paying and transportation to the Norco Senior Center.

Cost for the service is \$1 for a one-way *or round trip* within the city limits; \$2 for a one-way or round trip within 30 miles outside city limits for doctor's appointment only. Drivers do not carry any cash, so exact change is required. Tickets may be purchased at the Norco Senior Center. Call the Center at (909) 270-5647 to schedule travel.

Norco Senior Center is also a Volunteer Driver Corps partner [See related story on page 11]. Persons who would like to become a volunteer at Norco Senior Center, to help as a Driver Corps volunteer, or in the many other ways they can help, should call the Center at (909) 270-5647. ■

What does the term “Long Term Care” mean to you?

By Roberta Wertenberg, Coordinator, Fifth District C.A.R.E. Program

When you hear “Long Term Care”, do you think of a nursing home, or of convalescent services in some type of a facility? In fact, there is much more to it than that. The term “Long Term Care” has come to reflect the provision of a variety of health care options supporting independence and a person’s right to choose where they will live.

“Long Term Care” has come to reflect the provision of a variety of health care options supporting independence and a person’s right to choose where they will live.

For example, Mrs. Winter recently made the choice to rehabilitate in the comfort of her own home, rather than enter a convalescent care facility. Even ten years ago, Mrs. Winter would not have had any other option for long-term care, should she have broken her hip. Today, she is the beneficiary of a new type of long-term care management, which incorporates her life style, financial and community resources, and personal preferences. When did this

change in services occur, and what does it mean to baby boomers who are considering such options as Long Term Care Insurance?

In 1995, legislation established the Long-Term Care Integration Pilot Program (LTCIPP), which changed the definition of long-term care. As a result, it is now expected that long-term care should provide for a variety of social and health care services in the least restrictive environment appropriate for each individual. The intent is that we should remain in our community as much as possible through the use of local and personal resources, to foster self-reliance and maintain independence and dignity.

The 1996 report of California’s *Little Hoover Commission* concluded that a new approach to long-term care must occur in order to meet the needs of a rapidly aging population. This new approach must place the emphasis on...”Enhancing a person’s ability to function and enjoy a quality of life, rather than on curing a condition.” By 1999, it became clear that long-term care was

no longer just happening in nursing facilities! Today’s definition of long-term care puts you in charge of your future by allowing you to become the decision-maker.

It is important to know your community resources and shop for them before you need them. Long-term care no longer takes place only in skilled nursing facilities, but can and should take place in a variety of settings, including the home, adult day care, senior centers, and institutions. Changes in health can occur rapidly and with increasing frequency as we age. At the time of illness, you may not have enough time to compare provider services or investigate their complaint history. You may wish to contact the Better Business Bureau, Department of Health Services, Community Care Licensing or Ombudsman’s offices to learn more about a particular health care provider. Don’t forget to talk to your family about the health care choices you prefer, and execute a Durable Power of Attorney for Health Care.

When the time comes for you to need long-term care, how can you insure that you will benefit from this new con-

(Continued from page 10)

cept of choice? One such consideration is the purchase of a long-term care insurance policy. According to Ann Kasper of the HICAP Program, "It is important to purchase a policy that you can afford, even after retirement." "About forty per-cent of all long-term care purchasers drop their policy after retirement, due to cost." Whatever benefits are a part of the policy at the time of purchase, those same benefits will go into effect when you need them. Consider a policy of long-term care insurance that can be augmented to reflect advances in medical science and enhanced community resource options. Choosing a comprehensive policy with limited benefits may not allow you the option of facility care, should you require it. The HICAP Program offers information to persons of all ages regarding the purchase of long-term care insurance. The HICAP Program staff can be reached at 1-800-434-0222.

Art Linkletter's advice for seniors is that we should ask loved ones who are dangerous drivers to stop driving. He says, "It is important that the one who is well be firm about things like that."

Inland Caregiver Resource Center **Provides Services to Help with the Care of Persons with Alzheimer's, Parkinson's, Multiple Sclerosis, the effects of Stroke, Traumatic Brain Injury, Brain Tumors and other Brain Impairments.....**

Those who care for persons with brain impairment need and deserve all possible help in meeting the enormous burden and challenge of their role. The resources and services of the Inland Caregiver Resource Center are available for family members who are providing such long-term care in Riverside, San Bernardino, Inyo and Mono Counties.

The services provided include:

- Information and Referral. Use the toll free 1-800-675-6694 number to get answers to questions about brain impairments, as well as referrals to diagnostic centers, helping agencies, and professionals.
- Respite Care. In-home supportive care, out-of-home day care and other options are provided to alleviate caregiver stress.
- Family Consultation. Problem solving and planning are provided with the aid of a social worker.
- Legal & Financial Consultation. Free one-time

consultation can be provided with a lawyer having special expertise.

- Short-Term Counseling. Individual and group sessions with licensed counselors are offered to provide emotional support to caregivers.
- Support Groups. Referrals to support groups are provided.
- Caregiver Retreats. Relaxation, fun, special workshops, and fellowship with other caregivers, away from the demands of caregiving, renew both body and spirit.
- Training and Conferences. Special education is provided for both caregivers and professionals.

Inland Caregiver Resource Center is a non-profit organization affiliated with the statewide network of Caregiver Resource Centers.

Whether your needs include home healthcare, assisted living services, skilled nursing care, financial services, or simple advice, Inland Caregiver Resource Center can help. ■

New Volunteer Driver Corps Partnerships Forming Across County.....

As you may know, TRIP (the Transportation Reimbursement and Information Project) is a successful and nationally recognized program that helps seniors and persons with disabilities get to their doctor, the store, or other places to meet essential and quality of life needs. TRIP was started in Riverside County through the collaboration of the Partnership to Preserve Independent Living, the Riverside County Transportation Commission and the Riverside Office on Aging.



One of the biggest obstacles that TRIP participants sometimes face, if they don't have friends or neighbors who can help, is getting a volunteer driver. The new *Volunteer Driver Corps* combines the mission and resources of many independent agencies and organizations,



Representatives of some of the new partner organizations accept Certificates of Appreciation.

for the mutual support of their community services activities.

Members of *Volunteer Driver Corps* units, across Riverside County, are sort of like the National Guard—the last defense for many who find themselves frail and alone and unable to remain independent without our help. Like the National Guard, *Volunteer Driver Corps* members are important because they can be depended on to serve others when they most need help.

For information on how

you can join the Volunteer Driver Corps unit in your area, or for information on how your church, non-profit, or agency can become a Volunteer Driver Corps unit, call Gail at 1-800-510-2020. ■

"I agreed to just 'fill-in' for his regular volunteer driver, but have enjoyed it so much that I have stayed on permanently—it just makes me feel good when I see him enjoy his time out. Now, he is my friend and I enjoy his company!"

- Volunteer Driver Amy

For Information on how your organization can become a Driver Corps unit, call Gail at 1-800-510-2020

Medi-Cal Qualifying and Community Spouse Resource Limits

By Robert J. Cullen, CFP

When qualifying an ill, married person for Medi-Cal long-term care assistance, that individual's well spouse is allowed to keep non-exempt assets up to the current limit of the Community Spouse Resource Allowance (CSRA). The CSRA limit for 2002 is \$89,280. However, **Medi-Cal requires that the well spouse meet the CSRA requirement only once—the last day of the month of qualification.**

It is a widely held misconception that the married person must continue to keep his or her non-exempt assets within the CSRA limits. This is not required by Medi-Cal. Once eligibility is achieved for the ill spouse, the well spouse's assets can grow to any level. The well spouse could win the lottery, yet the ill spouse would still be eligible for assistance. Consumers often worry needlessly, believing incorrectly that they must continually "spend-down" assets to keep within the CSRA limit..

This issue was addressed in All County Welfare Director (AWCD) Letter No.: 90-01, issued January 5, 1990. This letter officially instructed county welfare departments to implement on January 1, 1990 the provisions contained in an attached set of the draft regulations. An explanatory question-and-answer section, preceding the draft regulations, addresses post-eligibility CSRA issues in plain language.

AWCE Letter No.: 90-01, Page 7, Question 12, contains this statement:

"Once initial eligibility has been established and the CSRA transfer period begins, the county department does not concern itself with the property of the community spouse or the property included in the CSRA."

Unfortunately, front-line Medi-Cal eligibility workers seldom see All County Welfare Directors letters. Consequently, Medi-Cal redetermination workers sometimes incorrectly instruct well spouses to spend-down their CSRA assets below the limit after eligibility has been established. If this happens to you, you can appeal the decision through the Medi-Cal hearing process. You may also want to consider obtaining professional assistance to represent you at the hearing. An experienced elder finance advisor or elder law attorney can sometimes resolve this issue without going to the expense of a hearing. ■

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The information provided by this article is meant for general guidance only and should not be construed as specific advice for any individual circumstance.

IN A RELATED ISSUE: Section 14132.26 was added to the Welfare and Institutions Code by legislative action in 2000. The intent was to provide for options to allow elderly and disabled individuals maximum choice in determining their living arrangements, including the ability to choose to live in a Residential Care Facility instead of being required to enter a Skilled Nursing Facility. This "demonstration" project is subject to Federal waivers and the appropriation of necessary funds. ■

Senior Ombudsman Services.....Riverside (909) 686-4402....Coachella Valley (760) 770-9999

Superando Nuestros Re-

RECONOCIENDO QUE ES ALZHEIMER'S ... DONDE LE PUEDEN AYUDAR?

Por Roberta L. Wertenberg, Corrdinadora, 5to Distrito, Servicios de Proteccion Para Adultos, Programa C.A.R.E.

Ha estado con su doctor, y le a diagnosticado la enfermedad de Alzheimer's, el tipo mas comun de demencia. Talves una de cuatro medicamentos se le a recetado en tratamiento. El doctor se a dirigido a los sintomas fisicos de la enfermedad pero le a dejado sin entendimiento de lo que le espera. Adonde puede acudir para encontrar informacion, recursos, y apoyo?

Empieze por aprender de la enfermedad. Alzheimer's fue primero descrita por el Dr. Alis Alzheimer en 1906. El documento el caso de una mujer de edad mediana que los sintomas empezaron con perdida de memoria y desorientacion. Haora, sabemos que el Alzheimer's es una enfermedad progresiva y degenerativa que ataca el cerebro y resulta afectando la memoria, conducta y el disernimiento de seguridad. La enfermedad dura de dos a diez anos, pero con diagnostico temprano, proveedores pueden enfrentar un rato aun mas largo.

Agitacion, pasividad y aislamiento social puedan marcar las etapas tempranas de el proceso de la enfermedad. Retos de la etapa-mediana pueden incluir incontinencia, paranoia, y resistencia a banarse. Durante la ultima etapa, cuidado de veinticuatro horas es requerida.

Aunque al momento no hay una cura para Alzheimer's, familias que tienen un miembro con Alzheimer's pueden tomar ciertos pasos para disminuir la carga del

proveedor. Por ejemplo, cuando la vagancia es un problema, es aconsejable que registre a su querido con el progrma Alzheimers Regreso Seguro (Alzheimer's Safe Return) en su area. Muchas personas victimas del Alzheimer's se benefician de programas con cuidado para adultos. Despues de la muerte de su ser querido por Alzheimer's, algunas familias escogen una autopsia o donacion de organos. Investigue con su oficina local para preguntar de estos servicios.

La Asociacion de Alzheimer's y Enfermedades Relacionadas (Alzheimer's Disease and Related Disorders Association) a proveido apoyo a familias y pacientes con perdida de memoria desde 1980. Este es un buen lugar por donde empesar, la Asociacion ofrece material educacional y programas. Para recibir material gratis y determinar cuales servicios hay en su area, llame al 1-800-272-3900.

El Estado de California es privilegiado al tener El Centro de Recursos de Inland (The Inland Caregiver Resources Center); con la mision de asistir a proveedores de adultos con impedimentos mentales. Servicios proveidos incluyen consultacion familiar, asistencia legal, referencias a grupos de apoyo y retiros para proveedores. Llame gratis al (800) 675-6694 o (909) 387-9449 para las oficinas del condado Inland.

Con estudios que nos dirijen a diag-

.....**Superando Nuestros Retos**

nosticos primitivo, pacientes de Alzheimer's pueden participar en decisiones importantes acerca de su estado de salud y finanzas. Si su querido reside en una facilidad, comuniquese con su Ombudsman local, que tiene el poder de ayudarlo a ejecutar esos documentos. Si su querido vive en casa, este documento puede ser incorporado a un testamento. Su abogado de familia puede aconsejarle en casos legales. Repase documentos importantes como de aseguransa y policas de entierro, documentos de su casa, y de beneficios del seguro social y veteranos para identificar recursos que se puedan usar cuando se necesiten. Consulte su banco, que pueda ofrecer servicios que le puedan ayudar manegar su cuenta por servicios como pago automatico, deposito directo o cuentas de chueques con varias firmas. Y no olvide revisar su estatus de taxas, ya que muchos estados ofrecen deducciones a proveedores o creditos.

Medicare es la primordial tarjeta de salud para la mayoria de personas de sesenta y cinco anos o mas. Para determinar sus beneficios bajo Medicare u otro programa de salud llame su proveedor. Tambien puede investigar con su oficina de comision de salud o el Programa de Consejeria de Aseguransa de Salud (Health Insurance Counseling and Advocacy Program

-HICAP) al 1-800-273-4227. Asegurese de preguntar si su polisa cubre Alzheimer's, y si ofrese descanso para los proveedores.

Como proveedor de una persona con perdida de memoria, usted pasa por las etapas de la enfermedad junto con su querido. Envolverse con familiares, amistades, y agencias de servicio puede mejorar su experiencia, y le dara el apoyo que necesita para proveer asistencia del su corazon.

RECURSOS PARA PROVEEDORES

- Asociacion de Alzheimers telefono para programas 1-800-272-3900
- Area Agencia de Mayores telefono , informacion de descanso 1800-510-2020
- Aliansa Familiar de Proveedores (Family Caregiver Alliance) 1800-445-8106 www.caregiver.org
- El Centro de Recursos-Consultas, grupos de apoyo de Inland (The Inland Caregiver Resources Center) 1-800-675-6694

RECURSOS FINANCIEROS

- Departamento de Veteranos 1800-733-8387
- Internal Revenue Service (IRS) 1800-829-1040 o www.irs.ustreas.gov
- Administracion del Seguro Social 1-800-722-1213 o www.ssa.gov ■

Translations provided by America Garcia,
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This special section of *Meeting the Challenges* is presented in cooperation with the Riverside County Department of Social Services, In Home Support Services, and Adult Protective Services.

According to Dr. Kurt deCrisis, the most common warning signs of an impending stroke are "mini-strokes". These temporary events may include difficulty speaking, fainting, dizziness, disorientation, numbness or paralysis of the face or of a limb, and diminished vision. If you experience these symptoms, see your doctor!

Most of us, who haven't used public transportation, don't know what services are available in our area. We may think there aren't any, when there are many!

To find out what transportation is available in your area, call Riverside County's Office on Aging *HelpLink* at 1-800-510-2020.....

Summer 2002



Meeting the Challenges

Quarterly

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***Inside..... ▶ What Are Illegal Care Facilities? ▶ An Easy & Inexpensive Way to Plan Ahead
▶ How to Get Help with an HMO Problem ▶ How to Successfully Work with a Service
Agency ▶ What is Long-Term Care? ▶ Spouse Resource Limits for Medi-Cal Qualifying
▶ Reconociendo Que Es Alzheimer's-Donde Le Pueden Ayudar? ..AND MUCH MORE!!!!***