

# ElderLaw Advisor



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## THE ROLE OF THE GERIATRIC CARE MANAGER

In preparing life care plans for our clients, we confer with family members and a number of professionals such as doctors, financial planners, and Geriatric Care Managers (GCM). The purpose of this article is to outline the role that the GCM plays in identifying and coordinating care necessary to keep the frail elder at home or other setting necessary to meet the needs of the client.

**A GCM is a health and human services expert educated and trained to assist frail elders and persons with disabilities regarding mental and physical health and care.** Once the GCM determines a client's health status and individual care needs, the GCM serves as an experienced guide and resource for the client and their family.

A client may need the services of a GCM if the client has limited or no family caregivers, or if family caregivers are "burned out" and need a break. In these circumstances, the GCM can assist the client and family by assessing and implementing a care plan; coordinate family caregivers; screen, monitor and hire in-home paid caregivers; oversee and coordinate a care plan designed to meet the individual care needs of the client.

Most, if not all, of our clients express the desire to remain and be cared for in their homes. As elder law attorneys we honor that wish and do everything possible to keep the client cared for safely at home. **The GCM is the person who makes the client's wish to stay home a reality.**

## IT'S NOT TOO LATE TO CLAIM YOUR ECONOMIC STIMULUS PAYMENT

**This may be the easiest \$300 you've ever made!** The U.S. government Economic Stimulus Payment will only cost you the price of a postage stamp. If you received Social Security Benefits this year, you're eligible. If you already filed an income tax return this year, you do not have to do anything else. **If you do not regularly file an income tax return, you will have to file one this year for this economic stimulus payment.**

**Here's how:** Get the IRS tax form 1040A. It is available at your local library or IRS office. Then, follow these Seven Simple Steps, put together by AARP Maine and the Office of Elder Services, State of Maine.

### Seven Simple Steps:

1. Write "STIMULUS PAYMENT" on the top of the form.
2. In the "Label" section, fill in your name and address.

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*"My motto was always to keep swinging. Whether I was in a slump or feeling badly or having trouble off the field, the only thing to do was keep swinging."*

*~ Hank Aaron*



JOHN NALE

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MARK NALE



## MEDICARE'S LIMITED NURSING HOME COVERAGE

Many people believe that Medicare covers nursing home stays. In fact, Medicare's coverage of nursing home care is limited. Medicare partially covers up to 100 days of "skilled nursing care" per illness, but there are a number of requirements to be met before the nursing home stay will be covered. Sometimes, as a result of these requirements, a nursing home patient is discharged before s/he is ready.

For Medicare to cover the cost of a nursing home stay, you must enter a Medicare-approved "skilled nursing" nursing home within 30 days of a hospital stay that lasted three or more days. The care in the nursing home must be for the same condition as the hospital stay. You must also need "skilled care." This means a physician must order treatment that is provided by a registered nurse, physical therapist or licensed practical nurse. Finally, Medicare only covers "acute" care as opposed to custodial care. This means it covers care only for people who are likely to recover from their conditions, not care for people who need ongoing help with performing everyday activities, such as bathing or dressing.

If you need skilled nursing care to maintain your status (or to slow deterioration), then the care should be provided and is covered by Medicare. In addition, patients often receive several treatments that don't need to be carried out by a skilled nurse but which may, in combi-

nation, require skilled supervision. For example, the potential for adverse interactions among multiple treatments may require that a skilled nurse monitor the patient's care and status. In such cases, Medicare should continue to provide coverage.

Once you are in a facility, Medicare will cover the cost of a semi-private room, meals, skilled nursing and rehabilitative services, and medically necessary supplies. Medicare covers 100 percent of the costs for the first 20 days. Beginning on day 21 of the nursing home stay, there is a significant co-payment (\$128 a day in 2008). This copayment may be covered by a Medigap policy. After 100 days are up, you are responsible for all costs.

If you are in a nursing home that believes Medicare will no longer cover you, it must give you a written notice of non-coverage. The nursing home cannot discharge you until the day after the notice is given. The notice should

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### *What Can We Do For You!*

We frequently provide lectures for various groups in central and mid-coast Maine. A few suggested topics include estate planning, long-term care planning, MaineCare benefits, long-term care insurance and reverse mortgages. If your group is interested in any of these topics, please contact Deb Letourneau at 207-873-4304 or sign-up at our website at [www.nalelaw.com](http://www.nalelaw.com).

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### **It's Not Too Late**, *continued from p1.*

3. Fill in your Social Security Number on the top right-hand side.
4. In the "Filing Status" section, put a checkmark to show your filing status.
5. Enter your income:
  - Enter earned income on line 7.
  - Enter the amount of Social Security and Veterans Benefits on line 14a.
  - Enter other income that applies to you, but do not include Supplemental Security Income (SSI).
6. Sign and date your return in the "Sign here" section.
7. Mail the 1040A Form to:
 

**Department of the Treasury  
Internal Revenue Service  
Andover, MA 05501-0099**

**You have until October 15<sup>th</sup> to file** for the Economic Stimulus Payment, but do not delay; do it today!



## OLDER AMERICANS NATIONAL GUIDELINES FOR PHYSICAL ACTIVITY

Earlier this year and for the first time, the American College of Sports Medicine (ACSM) and the American Heart Association (AHA) expanded the national guidelines for physical activity for adults to include specific recommendations for older Americans. After a thorough review of research and information, a panel comprised of doctors, health care experts and scientists tailored guidelines for adults ages 65 years and older and adults ages 50-64 years with chronic conditions and/or significant functional impairment.

In the campaign to make physical fitness and exercise increasing priorities for the aging population, the hope is that the new guidelines will help older Americans integrate the appropriate types and amounts of physical activity into their exercise routines. When followed, the recommendations can be effective in reducing the risks of chronic disease, premature mortality, functional limitations and disability.

The specific AHA and ACSM recommendations are summarized as follows:

1. **Aerobic Activity:** older adults should perform moderate-intensity aerobic activity for a minimum of 30 minutes, 5 days a week, or vigorous-intensity aerobic activity for 20 minutes, 3 days a week. Combinations of moderate and vigorous activity may be performed to meet these guidelines.
2. **Resistance Exercise:** older adults should engage in muscle strengthening activity at least twice a week on non-consecutive days. This exercise should involve the major muscle groups and a resistance weight that allows 10-15 repetitions for each exercise with a moderate to high effort.

3. **Flexibility:** older adults should engage in exercises that increase flexibility on at least two days a week for 10 minutes.
4. **Balance:** older adults who face a substantial risk from falls should perform exercises that maintain or improve balance.

The AHA and ACSM also included a more general set of recommendations to help guide older Americans in their approach to physical activity. The general recommendations are summarized as follows:

1. **Chronic Conditions:** older Americans with substantial impairment and chronic conditions should perform exercise in a way that effectively and safely treats those limitations.
2. **Low Fitness Levels:** for many adults who are not active at recommended levels, aerobic and resistance exercise should be increased at a stepwise level and over many weeks and months.
3. **High Fitness Levels:** many older Americans will safely exceed the minimum levels of recommended exercise and are likely to experience a variety of health related benefits from higher levels of fitness.
4. **Exercise Plan:** older adults should have an overall exercise plan developed with a healthcare provider. The plan should cover all types of recommended activity and be reevaluated regularly as abilities improve or health status changes.

For many among us, getting in shape is a resolution for the New Year. By following these guidelines and working with your healthcare provider to develop the right exercise plan for you, 2008 may be your fittest year yet!

### WHAT IS ELDER LAW?

Nale Law Offices is an elder law firm. We represent older persons, disabled persons, their families, and their advocates. The practice of elder law includes estate planning, estate and trust administration, powers of attorney, advance medical directives, titling of assets and designations of beneficiaries, guardianships, conservatorships, and public entitlements such as Medicaid/MaineCare, Medicare, Social Security, SSI, disability planning, care management, and fiduciary services.

## Limited Nursing Home Coverage, *continued from p2.*

explain how to file an expedited appeal to a Quality Improvement Organization (QIO). A QIO is a group of doctors and other professionals who monitor the quality of care delivered to Medicare beneficiaries. You should appeal right away. You will not be charged while waiting for the decision, but if the QIO denies coverage, you will be responsible for the cost. If the QIO denies coverage, you can appeal the decision to an Administrative Law Judge (ALJ). It is recommended that a patient hire a lawyer to pursue an appeal.

Knowing the limits of Medicare's nursing home coverage you should plan for your possible discharge or your responsibility to pay once coverage is expired.

Once Medicare and your Medigap coverage expires you become responsible for the cost of long term care in a nursing home, assisted living facility, or Alzheimer's care facility. With proper advance planning this cost can be covered by long term care insurance, MaineCare or from your personal assets. Which method of payment is best for you should be made with the advice of an experienced Elder Law attorney.

## LEARN - TEACH - SERVE

Laurie A. Nale, our special projects coordinator, was recently appointed to the Advisory Board of the Baxter State Park Authority. Laurie is a Registered Maine Guide and enjoys 4-season outdoor sport and leisure activities with her husband, Mark, and children, Matthew and Gwendolyn.

### ARTICLES THIS ISSUE:

- It's Not Too Late To Claim Your Economic Stimulus Payment
- Medicare's Limited Nursing Home Coverage
- Older Americans National Guidelines For Physical Activity
- The Role of The Geriatric Care Manager

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