

Boomers, Elders, and More E-Newsletter

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Nashville, TN 37212

<http://vanderbilt.edu/child-family-center/>

Message from the Coordinator

The autumn season holds its own meaning for every individual. It may mean the trees start to shred their leaves and the evenings start to get darker earlier, while others think of tailgating and football. For a senior it may mean less opportunity to sit out and soak in the sun, shorter and colder days and often, depression.

You can help the one you are caring for by easing the transition from summer to fall with these preventable tips:

Plan extra social activities (crafting, painting, library trips)

Encourage exercise (walks, gentle weight lifting, slow swim)

Do a puzzle or word search together

Plan a movie night with snacks

Participate in seasonal decorating (string popcorn, put up decorations, make door wreaths and window decorations)

Cook your favorite fall recipes

Senior activities help engage the mind, stimulate brain cells, and provide every necessary interaction and communication with others. Taking part in an activity with a senior can be rewarding for everyone!

Division of Administration

Child & Family Center



News Highlight

Are you ready for Medicare Open Enrollment?

Medicare Open Enrollment season, the time when you can make changes to your coverages for 2017, runs from October 15–December 7 this year.

According to a 2013 UnitedHealthcare survey:

*Most adults can't identify what Medicare Parts A, B, C and D cover.

*70% of baby boomers describe their understanding of Medicare as "fair" or "poor."

Dr. Efram Castillo, chief medical officer at UnitedHealthcare Medicare & Retirement, discussed with FOXBusiness.com the basics of Medicare coverages to help you navigate your way through the Open Enrollment period.

Boomer: *If I currently have only Medicare Part A and Part B, what benefits am I covered for? Is there a maximum out-of-pocket expense I am liable for with having just A and B?*

Castillo: Original Medicare, the health insurance program offered by the federal government sometimes called "traditional" Medicare, is made up of two parts, Part A and Part B. Part A helps pay for inpatient care, such as hospital stays or care at skilled nursing facilities. Part B helps pay for outpatient care, such as doctor visits, some preventive care, like flu shots and emergency room services. Original Medicare (Parts A and B) generally covers 80 percent of all medical expenses. The individual is responsible for the other 20 percent. There is no annual limit on out-of-pocket costs for Parts A and B.

There are also government-approved Medicare plans that are provided through private insurance companies. These Medicare Advantage plans include all the coverage of Original Medicare plus a variety of additional benefits and features, such as access to a nurse helpline, hearing, dental and/or vision coverage, or a gym membership. All Medicare Advantage plans also have a maximum out-of-pocket limit, so you can better predict how much you may have to pay for health care services each year.

Boomer: *What is the difference between a Medicare Advantage plan and a "supplemental" Plan?*

Castillo: Medicare supplement insurance, or Medigap, is coverage that you can add to Original Medicare Parts A and B to help pay some out-of-pocket costs not paid by Original Medicare, like deductibles, co-pays and co-insurance. Different plans cover different costs. There is no out-of-pocket limit on these costs with Original Medicare.

Medicare Advantage (Part C) combines Parts A and B into one plan. You get all of the benefits of Parts A and B plus

additional benefits and services such as access to a nurse helpline, hearing, dental and/or vision coverage, or a gym membership. Most Medicare Advantage plans also include prescription drug coverage.

Both Medicare supplement insurance plans and Medicare Advantage plans are offered by private insurance companies and approved by Medicare.

Boomer: *For prescription drug coverage, does a Medicare Advantage plan offer the same benefits as a separate stand-alone prescription plan? Do all prescription drug coverages include the donut hole?*

Castillo: Medicare Part D helps pay for the cost of prescription drugs. You can buy a separate policy just for drugs, called a prescription drug plan (PDP) or you can enroll in some types of Medicare Advantage plans that include drug coverage.

While all Medicare Part D plans must meet standards that the federal government has created, all plans are not the same. Plans vary by cost and by formulary, or the list of drugs covered. Some plans may limit your choice of pharmacies by geographic area, while other plans offer nationwide coverage. Some plans also offer mail order services, so you can have drugs mailed to your home.

In most prescription plans, there is a stage of cost-sharing called the "coverage gap" or "donut hole." In this stage you must pay most of the plan's price for your medications. However, not everyone will hit this gap and there are ways to avoid it such as using lower cost generic drugs.

Boomer: *What if my prescriptions are not on the list of approved drugs, known as the formulary?*

Castillo: Many health plans, including standalone prescription drug plans and Medicare Advantage plans with prescription drug coverage, have tiered formularies. A tiered formulary divides drugs into groups, based primarily on cost. A plan's formulary might have two, three, four, five or sometimes even six tiers. Each plan decides which drugs on its formulary go into which tiers. In general, the lowest-tier drugs are the lowest cost.

Sometimes you can't find a plan that includes all of the drugs you take or your plan may change its formulary to exclude a drug. If your drugs aren't on the formulary, talk to your doctor. There may be another drug on the formulary similar to your current drug or your doctor may be able to talk to your plan to make an exception.

The Plan Finder tool on Medicare.gov and Tennessee State Health Insurance Assistance Program (SHIP) can be helpful resources to help you compare your options. A representative at SHIP can be reached at 1-877-801-0044.

Source: <http://www.foxbusiness.com/features/2016/09/15/are-ready-for-medicare-open-enrollment.html>

Sundowner's Syndrome

By Marlo Sollitto



Sadness, agitation, fear, as well as other mood and behavior changes that occur just before dark are called Sundowner's Syndrome, or sundowning. Caregivers might notice that their parent who has Alzheimer's disease or dementia becomes more agitated at twilight.

People with Sundowner's Syndrome may also "shadow" you, following you around and doing everything you do. They might ask you questions over and over or interrupt you when you're speaking to someone else. They may lose their full language abilities, and abstract thoughts may become especially difficult for them to comprehend.

Doctors and researchers aren't sure what causes sundowning, but the theory is that the symptoms have something to do with the onset of darkness.

Some medical professionals believe that the syndrome is an accumulation of all of the sensory stimulation from the day that starts to overwhelm and cause stress. Others speculate that it is caused by hormonal imbalances that occur at night. Another theory suggests that the onset of symptoms at night is simply due to fatigue; while some believe it has to do with the anxiety caused by the inability to see as well in the dark.

- * Approach the person in a calm manner. Don't yell, raise your voice, or touch them in an expected way.
- * Draw the curtains. That way, they can't see the sky's change from light to dark.
- * Provide a peaceful setting. Guide the person to an area way from family activity and other distractions. Try to prevent excessive noise during sunset.
- * Plan more active days. Discourage afternoon napping and plan activities throughout the day.
- * During the evening, when the sun is setting is another good time to plan activities. Arts and crafts, and even pet therapy also have a calming effect.
- * Have a routine. Maintaining a routine tends to alleviate the severe anxiety experienced by those sundowning. Even simple tasks like putting on pajamas can be helpful.
- * Use music. Sometimes soothing music will help to calm and relax a person with Alzheimer's or dementia.
- * Ensure safety. Install locks and safety devices as necessary.
- * Change sleeping arrangements. Allow the person to sleep in a different bedroom, in a favorite chair or wherever it's most comfortable.
- * Use a nightlight. Keep the room partially lit to reduce agitation that occurs when surroundings are dark or unfamiliar.
- * Monitor diet. Restrict sweets and caffeine consumption to the morning hours. Serve dinner early.

Whether or not you fully understand Sundowners Syndrome, the look of terror and bad behaviors that accompany this time of day are extremely taxing and stressful. Doing everything you can to eliminate the affects of sundowning will make for a more pleasant evening for everyone in the home.

Source: <https://www.agingcare.com/Articles/sundowners-syndrome-133187.htm>

CHAMPIONS WITH A CAUSE:

An Ode to Caregivers

By Angela Shaw

A bather, a baker, a yummy meal maker.
A caregiver is this and more.
Just how much does a caregiver do?
It's impossible to try to keep score!

A caregiver is a chef.
They can cook almost anything.
But given the choice of homemade or not,
All agree that take-out is king!

A caregiver is a coach.
Who keeps you in the game.
Sometimes they may seem bossy,
But they love you just the same.

A caregiver is an EMT.
They can fix any cut, scrape or bruise.
They respond to every emergency,
As if they had something to lose.

A caregiver is a soldier.
They defend, protect, and serve.
A heartfelt smile is their greatest reward,
But a medal they really deserve!

A caregiver is a chauffeur.
To appointments through traffic they've fought.
Speed barriers they break to get there on time.
And somehow they never get caught!

But most of all...

A caregiver is a trusted person.
Who'll listen, encourage, console.
And caring for their loved one,
Is their honor and ultimate goal.



Upcoming Events

Vanderbilt Family Resource Center's Caregiver Support group will be held on Wednesday, October 12, 2016 from 12 p.m. to 1 p.m. in Medical Center East Room 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.

Vanderbilt Family Resource Center's Caregiver Support group will be held on Wednesday, November 9, 2016 from 12 p.m. to 1 p.m. in Medical Center East Room 8380A. The caregiver support group is a time to share information and openly discuss your problems without judgment, to process your feelings, and to hear others talk about their experiences.

If you need information or resources to assist you in your caregiving role, contact Stacey Bonner, Family Services Coordinator, at stacey.l.bonner@vanderbilt.edu or 936-1990.