



Home Care Services for Seniors

www.readyhands.com

Winter-Spring 2010

News for Clients and Friends

To Our Clients and Friends:

In this edition of our newsletter we feature an article on Personal Emergency Response Systems and a “Q and A” on long-term care insurance. We hope that you find these informative.

In all of our informational efforts—presentations before community groups, newsletters, articles in local publications, our home care monograph (available on our website), etc.

— we try to avoid self-promotion and convey factual information in an objective manner. We think this is one reason we have been rewarded with the trust of so many families and eldercare professionals in our region.

As a reflection of this trust, Ready Hands is proud and thankful to report that our service hours increased 15% last year, making 2009 our seventh consecutive year of growth.

The Ready Hands Home Care Team

What Are Personal Emergency Response Systems And How Do They Work?

For an elderly person staying alone at home, reaching and operating a telephone in an emergency may not always be possible. For such individuals a personal emergency response system (PERS) can offer an added measure of safety. These products, also called medical emergency response systems or simply medical alarms, permit the user to summon help by pressing a button on a small battery-operated radio transmitter.

A PERS has three components: the transmitter, a two-way communication console connected to a land-based telephone line and an emergency response center that monitors calls. The transmitter can be worn on a neck pendant or wrist band, or it can be carried in a pocket or clipped to a belt. When the user presses the transmitter’s help button, it sends a radio signal to the console. The console then automatically dials one or more pre-selected emergency telephone numbers. Most PERS are programmed to telephone an emergency response center where the caller is identified and an operator tries to determine the nature of the emergency and checks who should be notified. If the center cannot communicate with the user or determine if an emergency exists, it will alert emergency service providers to go to the home.

Most PERS permit voice communication with a user via a speaker and microphone housed in the console unit. Even if the user is not close enough to the console to communicate verbally, as long as the transmitter is within range, the system will still dial the programmed emergency numbers and response

center personnel can still summon help to the home. The range of most PERS is 200 to 400 feet. At least one PERS provider offers a transmitter unit with a built in speaker, which offers a significant advantage (see box below).

There are two types of emergency response centers—provider-based and manufacturer-based. Provider-based centers usually are located in the user’s local area and are operated by hospitals or social service agencies. Manufacturer-based operations usually have one national center. Sometimes, consumers who pur-

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Ready Hands Recommends... The MediPendant System

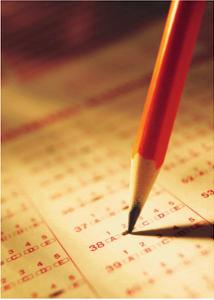
We think that consumers considering the rental or purchase of a PERS should seriously consider MediPendant. To our knowledge, MediPendant is the only PERS that permits the user to speak and listen to the operator directly through the portable transmitter.

MediPendant’s call center operators are also trained EMT’s. The system has a range of up to 600 ft. and is operational outside the home, which offers a significant advantage over many other products.

Those interested in learning more about MediPendant may contact their local sales representative, Cindy DeClark at (703) 644-5593.

Note: Ready Hands has no business or financial relationship with MediPendant.

Test Your Long-Term Care Insurance “IQ”



Even as the number of long-term care (LTC) insurance policies continues to rise, it is easy for prospective purchasers to feel perplexed by the many factors to consider and variables involved. We interviewed LTC insurance specialist Steve Ingalls to address some of the more confusing questions that consumers often ask. See how many of these questions you can answer correctly:

Q: *What level of impairment qualifies a policy holder for benefits?*

A: There must be EITHER impairment in the performance of at least two of the following activities of daily living (ADL's)—bathing, toileting, continence, mobility, dressing, eating—OR there must be impaired cognition. In either case, the causative condition must be expected to last at least 90 days.

Q: *What is the difference between “indemnity” and “expense-incurred” policies?*

A: Indemnity, also called per diem policies, pay a fixed benefit amount regardless of what you spend. With expense-incurred policies, you are reimbursed your actual expenses up to a fixed dollar amount per day, week or month.

Q: *What are the main tax issues related to LTC insurance?*

A: LTC insurance *premiums* are a tax-deductible expense, with annual deductible limits based on age. For 2010, the limit ranges from \$330 for those 40 and under to \$4110 for those older than 70. LTC insurance *benefits* are generally tax-free. However, Mr. Ingalls notes that this exclusion may not apply in the case of indemnity policies in which benefits exceed the cost of services.

Q: *What kinds of services do LTC policies cover?*

A: It is standard for policies to cover at least home care, nursing home care, assisted living and adult day care. In addition, other types of services available now or in the future may be covered.

Q: *What is an “elimination period”?*

A: Also called a deductible period, this is the number of days

you must receive home-based or facility care before policy benefits begin. The elimination period may range from zero to 180 days depending on the policy. Some insurers offer a waiver of the elimination period for home care.

Q: *What qualifications must a home care provider have in order to be coverable under a LTC policy?*

A: Insurers vary as to the qualifications they require. Some only reimburse for services performed by licensed home care agencies. Others accept properly credentialed caregivers who are hired privately. Some even will reimburse for services provided by friends and neighbors.

Source: Steve Ingalls is a long-term care insurance specialist who can be reached at (540) 659-6502.

Recognition Award Goes to Nurse Aide Wubet Beyne

Our quarterly recognition award this time goes to certified nurse aide Wubet Beyne. Wubet joined Ready Hands in August 2007. She has consistently exhibited many of the ideal qualities we seek in home care employees: dedication to her clients, meticulous attention to her duties, thoughtfulness and a caring manner.



One client wrote us that Wubet “deserves to be recognized for the outstanding care she gave my great aunt. Wubet took such fine care of my aunt physically that the Hospice nurse and team were astounded at the remarkable physical condition that my aunt was in at the end of her life.”

Another client notes that “Wubet is the type of caregiver that causes visitors to our home to comment that we are blessed to have her as a caregiver,” and that “Wubet is more than a caregiver. She makes herself part of our family.”

It is often difficult to single out one particular employee for special praise, but in Wubet’s case it’s easy! Ready Hands does indeed feel blessed!

Thank You, Wubet!

PERS, continued

chase systems can choose between provider-based and manufacturer-based centers, but consumers who rent systems from a PERS manufacturer usually must use its national center.

Consumers usually rent PERS equipment although equipment purchase is available, as is leasing with the option to buy. Unfortunately, neither Medicare nor most private health insurers will pay for the systems. A typical monthly fee can range from about \$30 to \$50, including the monitoring charge. Some providers charge for installation of the

devices. Extra fees would apply for additional transmitters or accessories like wall-mounted help buttons, extended range transmitters, etc.

There are numerous PERS services to choose among. Recommendations from friends, neighbors or relatives are a good place to start. The local Area Agency on Aging may have information on what systems are available in a given area. Experts advise checking for any history of complaints with the local consumer protection agency, the state attorney general or the Better Business Bureau.