



caregiving

THE CAREGIVER JOURNEY

Caring for Your Loved One

WJCT.ORG/CAREGIVING

wjct | PUBLIC MEDIA

 **ElderSource**
start here for help

alivia
care inc. | To care all ways.
To care always.

Sponsored by



Meet Our Experts

Chris Morrisette

Chief Strategy and Innovation Officer, Alivia Care

Sue Leger-Krall, PhD.

Retired Nurse, Nurse Educator and Geriatric Nurse Practitioner

Felecia Hudson, DNP, RN, NEA-BC, CRRN, ICM

Director of Performance Improvement and Education

Brooks Rehabilitation Home Health Division



caregiving

THE CAREGIVER JOURNEY: *Caring for Your Loved One*

wjct | PUBLIC MEDIA

 **ElderSource**
start here for help

alivia
care inc. To care all ways.
To care always.

Chris Morrisette

Chief Strategy and Innovation Officer

Alivia Care



caregiving

THE CAREGIVER JOURNEY: *Caring for Your Loved One*

wjct | PUBLIC MEDIA

 ElderSource
start here for help

alivia
care inc. | To care all ways.
To care always.



Finding Your Way

A **GUIDE** for Caregivers Navigating
Dementia and Aging in Place

What is the GUIDE Program?

- A national program by the Centers for Medicare & Medicaid Innovation (CMMI)
- GUIDE = Guiding an Improved Dementia Experience
- Designed to support individuals living with dementia and their caregivers
- Provides care coordination, education, 24/7 support, and respite services



Key Features of the GUIDE Program

- Personalized dementia care plan developed with your input
- Caregiver education and training modules
- 24/7 support line for urgent and non-urgent concerns
- Access to respite services for caregiver relief

Local Leadership – Alivia Care’s Experience

- Among the first GUIDE programs in the U.S.
- Only program in Jacksonville to launch in 2024
- Currently serving over 149 patients and their caregivers
- Deep experience in serious illness and community-based care



Real Stories from Caregivers: Ruth

- Daughter caring for mother with Alzheimer's
- Mom living at home
- Ruth working full-time with 2 kids under 18
- Overwhelmed by stress of managing mom's progressive illness
- GUIDE team helped coordinate care, provided respite, and offered coaching.



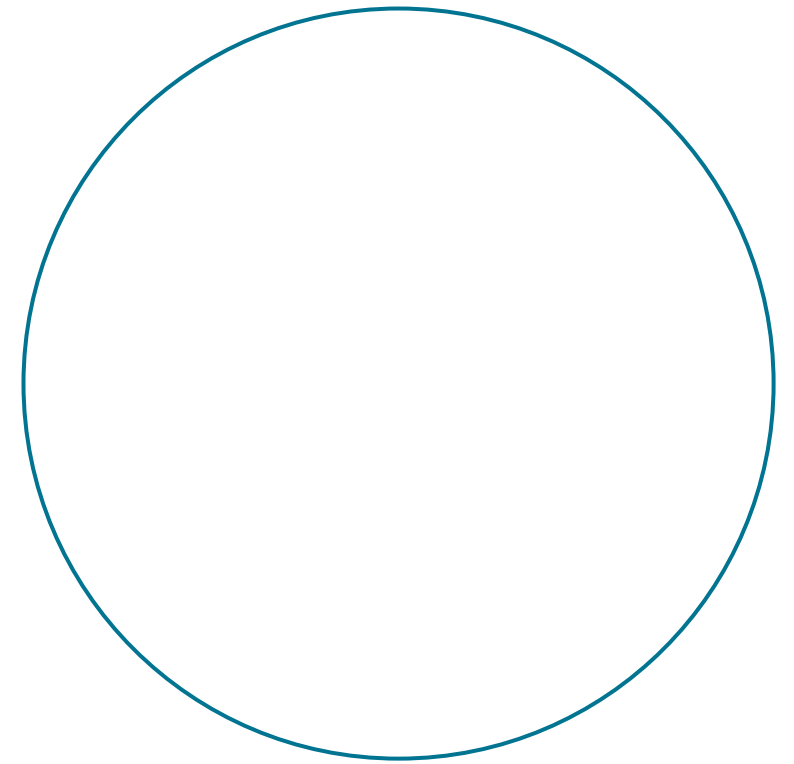
Real Stories from Caregivers: Bill

- Husband of 45 years
- Wife diagnosed with Lewy-body dementia
- Moved into assisted living
- GUIDE care navigator streamlined care coordination and offered education



What Participation Looks Like

- Voluntary program for **Traditional** Medicare beneficiaries living with dementia.
- Must be living in the community. GUIDE is not available in long-term Care or Skilled Nursing Facilities.
- GUIDE works with – not replaces – existing healthcare providers
- Exclusions include:
 - Medicare Advantage Participants
 - Enrolled in PACE or Hospice
 - Living in Skilled Nursing Facility



Learn More About GUIDE

- Visit the official CMS GUIDE page:
<https://www.cms.gov/priorities/innovation/guide/faqs>
- Talk to your primary care provider about participation
- Handouts available with additional information



Sue Leger-Krall, PhD.

Retired Nurse, Nurse Educator and Geriatric Nurse Practitioner



caregiving

THE CAREGIVER JOURNEY: *Caring for Your Loved One*

wjct | PUBLIC MEDIA

 ElderSource
start here for help

alivia
care inc. | To care all ways.
To care always.

Finding the Joy in Caregiving

Sue Leger Krall

ARNP (retired), PhD, Support Group Facilitator

August 6, 2025



JOY

is the most infallible
sign of the presence of

- **God**
- **G-d**
- **The One**

Fr Teilhard de Chardin,
S.J. [French Jesuit,
Scientist, Philosopher,
Mystic, Paleontologist,
Teacher] d. 1955

JOY

- **an internal attitude –
in midst of outside ...**

Change

Chaos

Hardship

- **at peace with yourself**

vs.

Happiness

- Temporary
- external
circumstances

What is your anchor for joy?



**Other people
family, friends**



**Support groups
information and
support**



Belief System



Routine

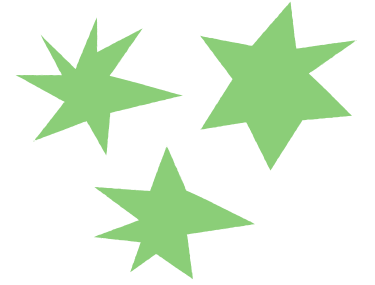
Bad Things Happen To Good People

~Rabbi Kushner

But it's how you respond




Caregiver Strategies



- **Linda Abbit - The Conscious Caregiver [2017]**
- excellent book and blog
- **Caring for your loved one without losing yourself!**
- **Time for you**
- **Time for your loved one**





“There are only four kinds of persons in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.”



Rosalind Carter, *Institute for Caregiving, The Carter Center*

On a lighter note:

Growing old is like being increasingly penalized for a crime you haven't committed!

Thank You!

Sue Krall



Dr. Felecia Hudson, DNP, RN, NEA-BC, CRRN, ICM

*Director of Performance Improvement and Education
Brooks Rehabilitation Home Health Division*



caregiving

THE CAREGIVER JOURNEY: *Caring for Your Loved One*

wjct | PUBLIC MEDIA

 **ElderSource**
start here for help

alivia
care inc. | To care all ways.
To care always.



BROOKS[®]
Rehabilitation

Keeping Your Loved One Safe at Home and in Public

Felecia Hudson, DNP, RN, NEA-BC, CRRN, ICM
Director of Performance Improvement and Education
Brooks Rehabilitation Home Health

The Effect of Aging in the United States

- United States population is aging
- By the year 2050, projection of 85.7 million Americans aged 65 or older
- Many will remain in their homes as they age
- Continued rise in co-morbidities (i.e., asthma, arthritis, diabetes, heart disease)
- Increase in those who live alone and have two or more functional limitations
- More than 1 in 4 adults aged 65 or older fall each year, accounting for over \$50 billion annually in medical-related costs
- Approximately only 10 percent of homes are aging-ready (11 million housing units)
 - Step-free entryway, bedroom w/full bathroom on first floor, one bathroom w/accessibility feature (i.e., handrails, built-in shower seat)

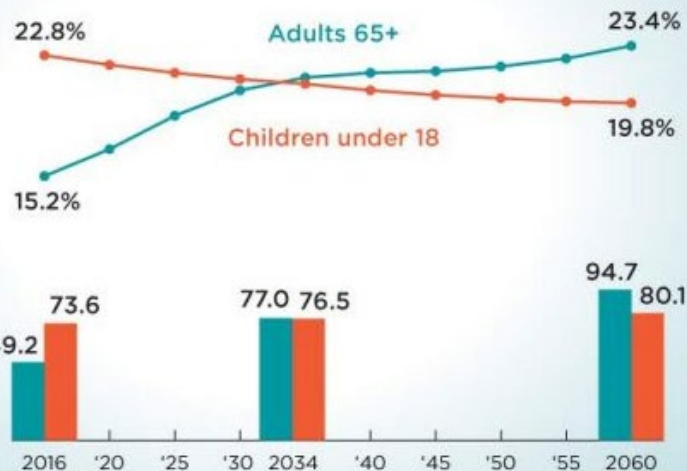


An Aging Nation

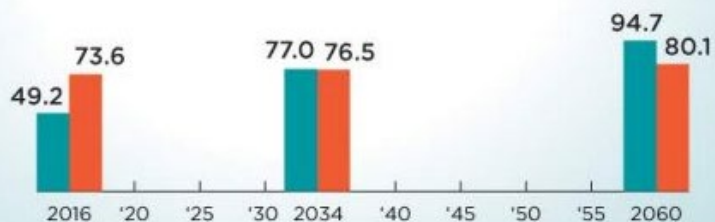
Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2034

Projected
percentage
of population



Projected
number
(millions)

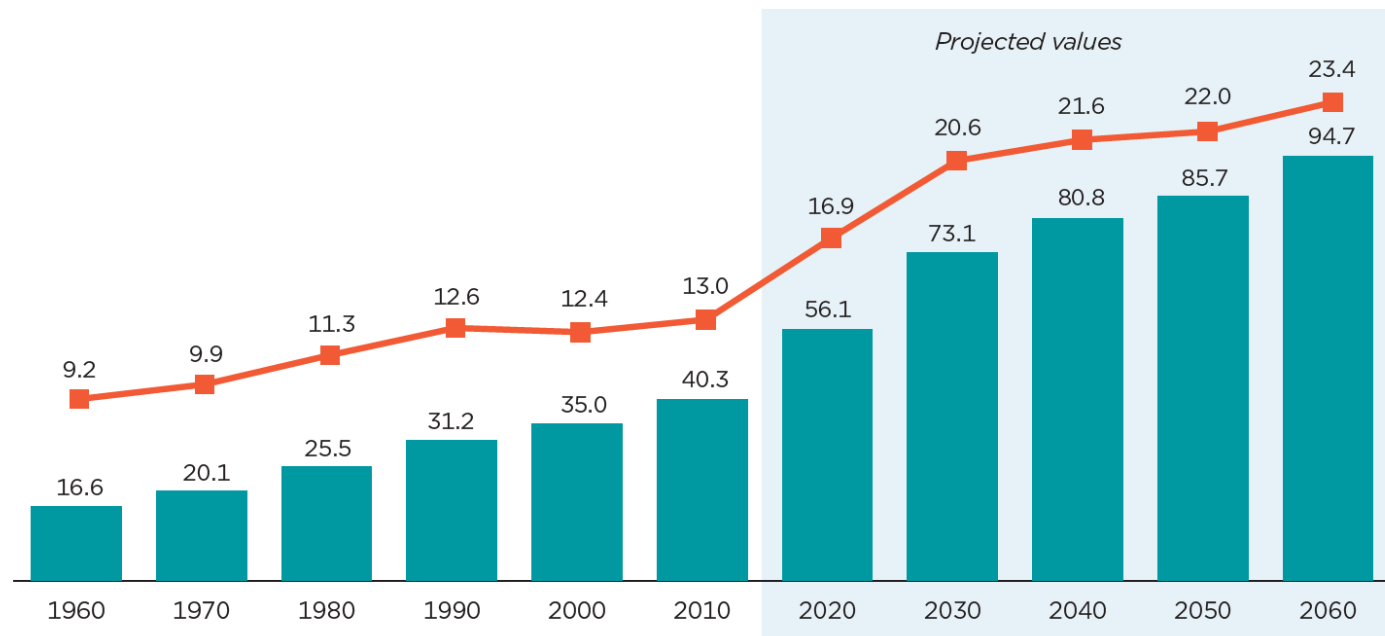


Note: 2016 data are estimates not projections.

Older Population Aged 65 and Over

(In millions)

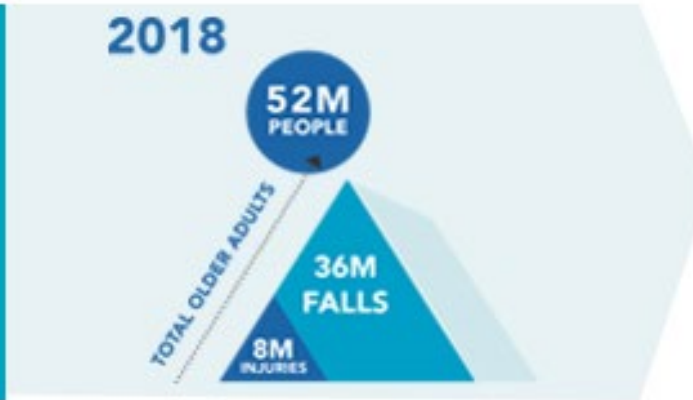
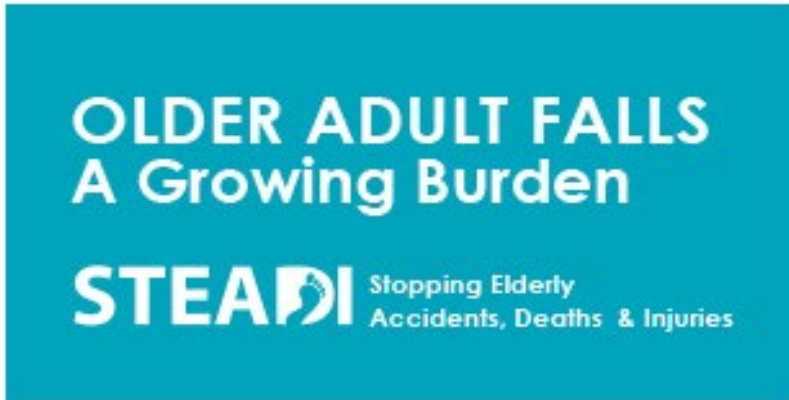
Population (teal bar) Percentage of population aged 65 and over (orange line with squares)



Addressing Risk Factors

- **Home Safety Issues**
- **Complex medication regimen and/or medical instructions**
- **Lack of caregiver knowledge/ability to provide care**
- **Falls**
- **Multiple hospitalizations, Emergency department visits**
- **Access to resources**

Fall Prevention



36,000

Falls among adults 65 and older caused over 36,000 deaths in 2020, making it the leading cause of injury death for that group.

3 Million

In 2020, emergency departments recorded 3 million visits for older adult falls.

\$50 Billion

Older adult falls cost \$50 billion in medical costs annually, with 3/4 paid by Medicare and Medicaid.

- 2020 Fall Data (Florida)
 - Percentage of older adults who fell—24.4%
 - Number of older adults who fell—1,028,468

Home safety tips for older adults

A few changes could make your home easier and safer to live in and help you continue to live independently.

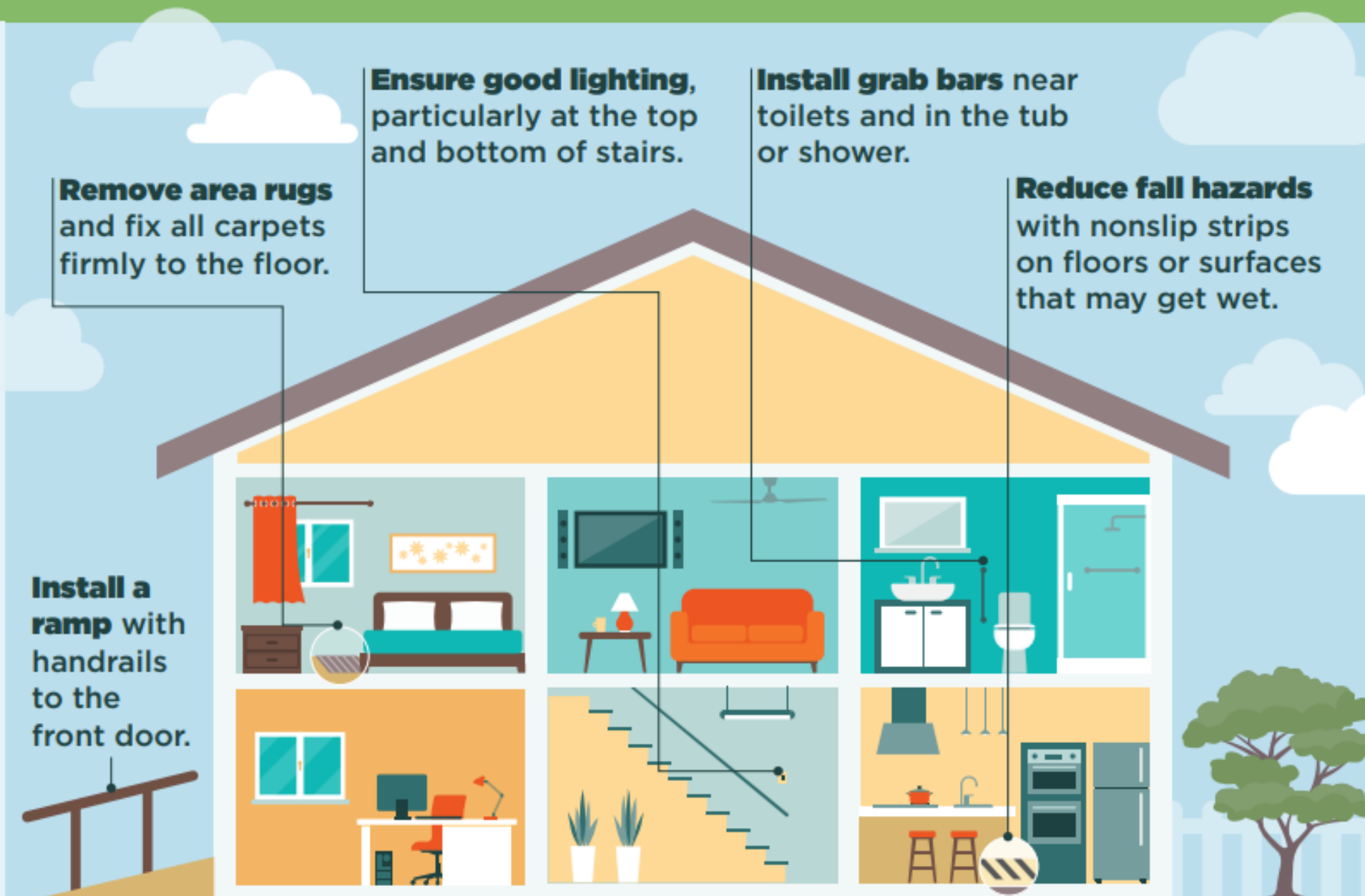
Remove area rugs and fix all carpets firmly to the floor.

Install a ramp with handrails to the front door.

Ensure good lighting, particularly at the top and bottom of stairs.

Install grab bars near toilets and in the tub or shower.

Reduce fall hazards with nonslip strips on floors or surfaces that may get wet.



Home Safety Checklist



Check for Safety
A Home Fall Prevention Checklist for Older Adults

Contact your local community or senior center for information on exercise, fall prevention programs, or options for improving home safety.

For additional information on fall prevention, visit [cdc.gov/falls](https://www.cdc.gov/falls)

 Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI
Stopping Elderly Accidents, Deaths & Injuries

2017

Use this checklist to find and fix hazards in your home.

STAIRS & STEPS (INDOORS & OUTDOORS)

Are there papers, shoes, books, or other objects on the stairs?

- ☐ Always keep objects off the stairs.

Are some steps broken or uneven?

- ☐ Fix loose or uneven steps.

Is there a light and light switch at the top and bottom of the stairs?

- ☐ Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.

Has a stairway light bulb burned out?

- ☐ Have a friend or family member change the light bulb.

Is the carpet on the steps loose or torn?

- ☐ Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

- ☐ Fix loose handrails, or put in new ones. Make sure handrails are on both sides of the stairs, and are as long as the stairs.

FLOORS

When you walk through a room, do you have to walk around furniture?

- ☐ Ask someone to move the furniture so your path is clear.

Do you have throw rugs on the floor?

- ☐ Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won't slip.

Are there papers, shoes, books, or other objects on the floor?

- ☐ Pick up things that are on the floor. Always keep objects off the floor.

Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

- ☐ Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

KITCHEN

Are the things you use often on high shelves?

- ☐ Keep things you use often on the lower shelves (about waist high).

Is your step stool sturdy?

- ☐ If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BEDROOMS

Is the light near the bed hard to reach?

- ☐ Place a lamp close to the bed where it's easy to reach.

Is the path from your bed to the bathroom dark?

- ☐ Put in a nightlight so you can see where you're walking. Some nightlights go on by themselves after dark.

BATHROOMS

Is the tub or shower floor slippery?

- ☐ Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Do you need some support when you get in and out of the tub, or up from the toilet?

- ☐ Have grab bars put in next to and inside the tub, and next to the toilet.



Fall Prevention – Appropriate Footwear

FACT SHEET

Feet and Footwear for Older Adults

Footcare and safe shoes can prevent falls

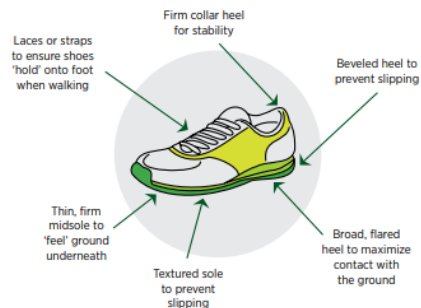
Falls are the leading cause of injury for older adults (ages 65 and older) and can have serious consequences, like limited mobility and loss of independence. Routine care for feet and proper supportive footwear can reduce your risk of falls.

What foot problems are associated with falls?

Foot related risk factors that increase fall risk:

- Increased foot pain
- Reduced flexibility in ankle joint
- Reduced calf muscle strength (the muscle that helps you rise on the balls of your feet)
- Reduced sensation resulting from neuropathy (nerve damage)
- Presence of a bunion (hallux valgus deformity) or toe deformities

What makes a shoe safe?



Footwear Tips

Health Tips

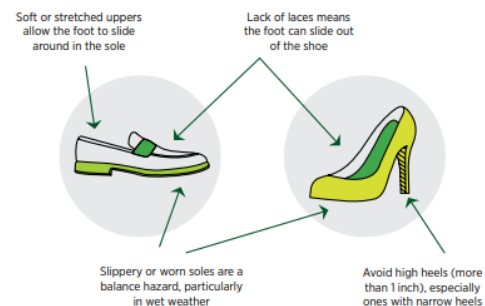
- Your healthcare provider or podiatrist can check your feet and determine if there are issues that increase your risk of falling. Podiatrists diagnose and treat foot conditions.
- Ask your healthcare provider to check your feet once a year.
- See a podiatrist if you have foot problems, such as toe or foot deformities or foot pain.
- Work with a physical therapist to learn exercises to increase strength and flexibility of foot and ankle.

Safety Tips

- Always wear properly fitted shoes inside and outside your home.
- Wear sturdy shoes with low heels, traction, and strong arch and heel support.

Working with your healthcare provider or podiatrist to address foot problems and using appropriate footwear can reduce your risk of falling.

What makes a shoe unsafe?



Examples of appropriate shoes to reduce risk of falls



Footwear Tips

Safety Tips

- Avoid walking in only socks inside and outside your home.
- Avoid wearing shoes with heels over one inch, with no ankle support, or with a smooth sole.
- Avoid wearing shoes with no back (such as a mule or clog) or strappy back (such as a slingback).

Footwear Tips

- Shop for shoes later in the day to ensure a proper fit.
- Have your feet measured to ensure appropriate shoe width and length.
- Accommodate foot deformities such as bunions or hammertoes by choosing shoes with a wide toe box.
- Consider a pedorthist, a specialist in footwear and devices, for footwear and orthotic recommendations to provide the best possible support for walking. See www.pedorthics.org for a searchable directory of credentialed pedorthists.



EMORY
HEALTHCARE

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Geriatric Research, Education, and Clinical Centers

STEADI

Stopping Elderly Accidents,
Deaths & Injuries

www.cdc.gov/steady

STEADI Stopping Elderly Accidents,
Deaths & Injuries
www.cdc.gov/steady

2024

Durable Medical Equipment (DME)

MEDICARE COVERAGE FOR DURABLE MEDICAL EQUIPMENT (DME)

- Canes
- Bedside Commodes
- Hospital Beds
- Oxygen equipment
- Walkers
- Wheelchairs & Scooters
- Diabetic Supplies
- Infusion pumps
- Patient lifts

more DME items can be found on the website

MEDICARE'S DEFINITION OF DME

- Durable (can withstand repeated use); and
- Appropriate for use in the "home" ("primarily used at home," but not exclusively); and
- "Home" does not include a hospital or skilled nursing facility; and
- Primarily and customarily needed for a medical purpose (generally the DME is not useful to someone who is not sick or injured); and
- Necessary and reasonable for treatment of a condition or injury.

CRITERIA TO QUALIFY FOR DME COVERAGE

- The beneficiary is enrolled in Medicare Part B; and
- Need for DME is documented by practitioner who Certifies Medical Necessity (CMN); and
- Practitioner completes an Order (may be with the assistance of a physical therapist, occupational therapist or speech-language pathologist); and
- After a face-to-face meeting with the treating practitioner (certifications via telehealth are permitted, subject to certain limitations).

DME IN TRADITIONAL MEDICARE

OBTAINING MEDICARE-COVERED DME – GENERALLY

- Ask the prescriber to recommend suppliers they know and have worked with before.
- At <https://www.medicare.gov/medical-equipment-suppliers/> enter beneficiary zip code, then...
 - ✓ Locate the covered item or service on the list
 - ✓ Review the list of suppliers that accept Medicare assignment for that item or service
 - If no suppliers accept assignment, look for enrolled suppliers
 - ✓ Contact several suppliers for information. Have the prescription and doctor's notes ready to provide data
- Can also call 1-800-MEDICARE for assistance.

Emergency Alert Devices, Fall Detection Devices, and Alarms



Emergency Alert Devices



Wearable – (i.e., Apple Watch with Fall Detection)



Bed and Chair Alarms



Medications & Older Adults



- 33% of all prescribed drugs are purchased by older adults
- By 2040, the older adult patient population is estimated to comprise 25% of the United States population and consume 50% of all prescription drugs



3 in 4 older adults take at least 1 medicine commonly linked to falls or car crashes.

Medication Statistics

96% of patients had one or more medication changes from their home regimen upon discharge from an acute care setting

- 22% take less than what is prescribed
- 12% do not fill their prescription at all
- 12% do not take the medication at all after buying the prescription
- 29% stop taking the medication before it runs out
- 12-20% take other people's medication



THE PHARMACEUTICAL INDUSTRIAL COMPLEX IS WINNING

FLORIDA IS FIGHTING BACK

In 2003, Congress passed the Medicare Modernization Act. After 16 years of Federal Inaction, Governor DeSantis called on the federal government to Act on Canadian Drug Importation. During that same time, outpatient prescription drug prices rose 181%.

[LEARN MORE →](#)

MyFloridaRX

MyFloridaRX Prescription Drug Price Locator combines prescription drug data to shed light on pharmaceutical costs among individuals covered by Medicare, Medicaid, and commercial insurance to ensure a uniform system of price transparency.

Locate Prescription Drug Prices

County:

Duval

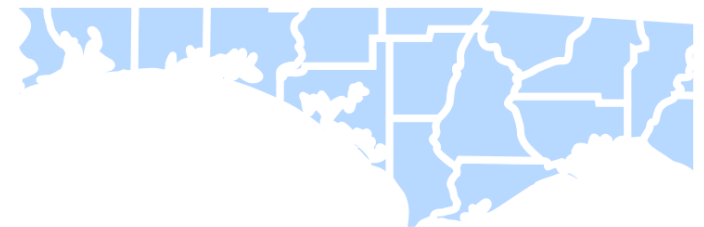
Drug Name: (* Indicates Generic Brand)

* METOPROLOL SUCC ER 25 MG

[Submit](#)

[Reset Form](#)

[+](#) [-](#) [↺](#)



Duval		Top 400 Prescribed Drugs For June 2025			Search By City	Export
Name	Drug Name	Generic	Quantity	Price	City	
CVS PHARMACY 03957 13170 ATLANTIC BLVD JACKSONVILLE, FL 32225	METOPROLOL SUCC ER 25 MG TAB; DR. REDDY'S LABORATORIES, INC.	Yes	30	\$36.79	JACKSONVILLE	
CVS PHARMACY # 16973 6331 ROOSEVELT BLVD JACKSONVILLE, FL 32244	METOPROLOL SUCC ER 25 MG TAB; DR. REDDY'S LABORATORIES, INC.	Yes	30	\$36.79	JACKSONVILLE	

UF HEALTH PHARMACY - JACKSONVILLE 655 W 8TH ST JACKSONVILLE, FL 32209	METOPROLOL SUCC ER 25 MG TAB; DR. REDDY'S LABORATORIES, INC.	Yes	30	\$102.35	JACKSONVILLE
WALGREEN 03172 7512 LEM TURNER RD JACKSONVILLE, FL 32208	METOPROLOL SUCC ER 25 MG TAB; DR. REDDY'S LABORATORIES, INC.	Yes	30	\$24.19	JACKSONVILLE

<https://prescription.healthfinder.fl.gov/>

Additional Safety Considerations

- Factors to consider in keeping your loved one safe
 - Effect of “stigma” with having equipment/devices in the home or in public
 - Effect on daily routines
 - Is the behavior/expected change sustainable
 - Affordability
 - Social Interactions
 - Cognitive Impairments
 - Driver Safety (AARP, Caregiver Action Network, AAA)
 - Extreme Weather conditions (Heat, Air Quality – Respiratory Illnesses)

City of Jacksonville, Florida - Government 3d · 🌐

JULY 29, 2025

STAY COOL JAX

THE NATIONAL WEATHER SERVICE HAS ISSUED AN **EXTREME HEAT WARNING** FOR DUVAL COUNTY FROM NOON UNTIL 7 P.M. WITH **HEAT INDEX VALUES UP TO 116° EXPECTED**

HEAT CAN RAPIDLY LEAD TO SERIOUS ILLNESS

KNOW THE SYMPTOMS OF HEAT ILLNESS		KNOW WHAT TO DO FOR HEAT ILLNESS	
HEAT EXHAUSTION SYMPTOMS	VS	HEAT EXHAUSTION WHAT TO DO	HEAT STROKE WHAT TO DO
<ul style="list-style-type: none">Muscle CrampsNausea/VomitingHeavy SweatingHeadacheAnxiety/Faint Feeling		<ul style="list-style-type: none">Move to a Cooler LocationLie Down & Loosen ClothingApply Cool, Wet Cloths to the BodySip Water	<ul style="list-style-type: none">Call 911 ImmediatelyMove to a Cooler LocationApply Cool, Wet Cloths to the BodyDo NOT give fluids

FIND A COOLING CENTER NEAR YOU

Public Libraries	Community Centers	Public Pools	Splash Pads
21	24	30	16

JAXREADY.COM/STAYCOOLJAX

PROTECT YOURSELF FROM HEAT ILLNESS STAY COOL JAX!

Home Health and Private Duty Services



Home Health (covered by most insurance plans):

- Medication management
- Education on disease management (Nursing)
- Skilled Post-surgical care; Wound care (Nursing)
- Home safety, endurance, gait training, large motor skills (Physical Therapy)
- Fine motor skills, Medication management, Activities of Daily Living and Instrumental Activities of Daily Living (Occupational Therapy)
- Cognition, swallowing (Speech Therapy)

Private Duty (private pay):

- Bathing, Dressing, Grooming – Assistance with Activities of Daily Living
- Meal planning and preparation
- Companionship and Conversation
- Laundry and Light Housekeeping
- Respite Care
- Medication Reminders
- Post-Hospitalization and Post-Surgical Care

Community Resources

Resources designed to support the health and wellness needs of the community

CarePlus Community Navigator (State of Florida)

<https://careplus.findhelp.com/>

CarePlus
HEALTH PLANS

Support Sign Up Log In

ZIP or keyword or program name

Q

Select Language English

CarePlus Community Navigator

Find help, find hope: Discover and connect to food pantry services, housing support, transportation programs, and other valuable resources in your local community.

FOOD

HOUSING

GOODS

TRANSIT

HEALTH

MONEY

CARE

EDUCATION

WORK

LEGAL

↑

2,824 programs

in the Jacksonville, FL 32221 area

Choose from the categories above and browse local programs

This curated database of resources is provided by CarePlus Community Navigator.

Social Determinants of Health





Emergency Preparedness

- Make sure you have a plan



“Regardless of what challenge you are facing right now, know that it has not come to stay. It has come to pass. During these times, do what you can with what you have, and ask for help if needed. Most importantly, never surrender. Put things in perspective. Take care of yourself. Find ways to replenish your energy, strengthen your faith, and fortify yourself from the inside out.”

-Les Brown



BROOKS[®]
Rehabilitation

Thank You

Dr. Felecia Hudson, DNP, RN, NEA-BC, CRRN, ICM

Director of Performance Improvement and
Education

Brooks Rehabilitation Home Health

felecia.hudson@brooksrehab.org



Questions



caregiving

THE CAREGIVER JOURNEY: *Caring for Your Loved One*

wjct | PUBLIC MEDIA



ElderSource
start here for help

alivia
care inc.

To care all ways.
To care always.

Thank you for attending!
Please complete the survey



caregiving

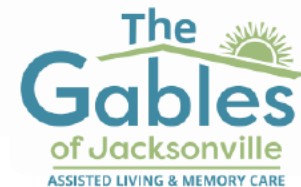
THE CAREGIVER JOURNEY: *Caring for Your Loved One*

wjct | PUBLIC MEDIA

 **ElderSource**
start here for help

alivia
care inc. | To care all ways.
To care always.

Sponsored by





caregiving

THE CAREGIVER JOURNEY

Caring for Your Loved One

WJCT.ORG/CAREGIVING

wjct | PUBLIC MEDIA

 **ElderSource**
start here for help

alivia
care inc. | To care all ways.
To care always.

Check for Safety

A Home Fall Prevention Checklist for Older Adults



Contact your local community or senior center for information on exercise, fall prevention programs, or options for improving home safety.

For additional information on fall prevention, visit cdc.gov/falls



**Centers for Disease
Control and Prevention**
National Center for Injury
Prevention and Control

STEADI

Stopping Elderly Accidents,
Deaths & Injuries

Use this checklist to find and fix hazards in your home.

STAIRS & STEPS (INDOORS & OUTDOORS)

Are there papers, shoes, books, or other objects on the stairs?

- ☐ Always keep objects off the stairs.

Are some steps broken or uneven?

- ☐ Fix loose or uneven steps.

Is there a light and light switch at the top and bottom of the stairs?

- ☐ Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.

Has a stairway light bulb burned out?

- ☐ Have a friend or family member change the light bulb.

Is the carpet on the steps loose or torn?

- ☐ Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

- ☐ Fix loose handrails, or put in new ones. Make sure handrails are on both sides of the stairs, and are as long as the stairs.

FLOORS

When you walk through a room, do you have to walk around furniture?

- ☐ Ask someone to move the furniture so your path is clear.

Do you have throw rugs on the floor?

- ☐ Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won't slip.

Are there papers, shoes, books, or other objects on the floor?

- ☐ Pick up things that are on the floor. Always keep objects off the floor.

Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

- ☐ Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

KITCHEN

Are the things you use often on high shelves?

- ☐ Keep things you use often on the lower shelves (about waist high).

Is your step stool sturdy?

- ☐ If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BEDROOMS

Is the light near the bed hard to reach?

- ☐ Place a lamp close to the bed where it's easy to reach.

Is the path from your bed to the bathroom dark?

- ☐ Put in a nightlight so you can see where you're walking. Some nightlights go on by themselves after dark.

BATHROOMS

Is the tub or shower floor slippery?

- ☐ Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Do you need some support when you get in and out of the tub, or up from the toilet?

- ☐ Have grab bars put in next to and inside the tub, and next to the toilet.



FACT SHEET

Feet and Footwear for Older Adults

Footcare and safe shoes can prevent falls

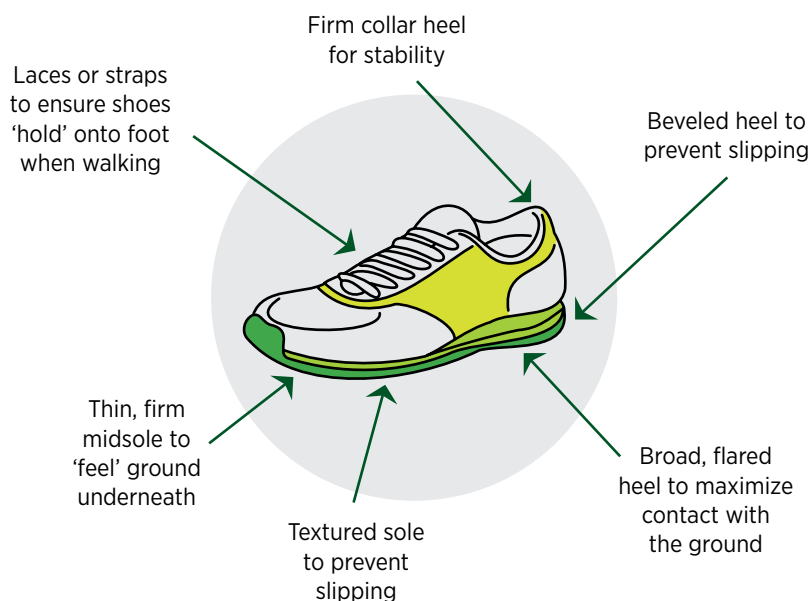
Falls are the leading cause of injury for older adults (ages 65 and older) and can have serious consequences, like limited mobility and loss of independence. Routine care for feet and proper supportive footwear can reduce your risk of falls.

What foot problems are associated with falls?

Foot related risk factors that increase fall risk:

- Increased foot pain
- Reduced flexibility in ankle joint
- Reduced calf muscle strength (the muscle that helps you rise on the balls of your feet)
- Reduced sensation resulting from neuropathy (nerve damage)
- Presence of a bunion (hallux valgus deformity) or toe deformities

What makes a shoe safe?



Footwear Tips

Health Tips

- Your healthcare provider or podiatrist can check your feet and determine if there are issues that increase your risk of falling. Podiatrists diagnose and treat foot conditions.
- Ask your healthcare provider to check your feet once a year.
- See a podiatrist if you have foot problems, such as toe or foot deformities or foot pain.
- Work with a physical therapist to learn exercises to increase strength and flexibility of foot and ankle.

Safety Tips

- Always wear properly fitted shoes inside and outside your home.
- Wear sturdy shoes with low heels, traction, and strong arch and heel support.

Working with your healthcare provider or podiatrist to address foot problems and using appropriate footwear can reduce your risk of falling.



EMORY
HEALTHCARE

VA



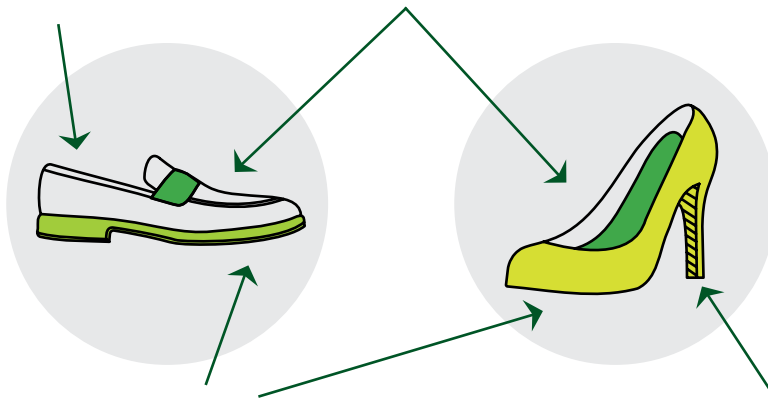
U.S. Department of Veterans Affairs
Veterans Health Administration
Geriatric Research, Education, and Clinical Centers

STEADI Stopping Elderly Accidents,
Deaths & Injuries
www.cdc.gov/steady

What makes a shoe unsafe?

Soft or stretched uppers allow the foot to slide around in the sole

Lack of laces means the foot can slide out of the shoe



Slippery or worn soles are a balance hazard, particularly in wet weather

Avoid high heels (more than 1 inch), especially ones with narrow heels

Examples of appropriate shoes to reduce risk of falls



Safety Tips

- Avoid walking in only socks inside and outside your home.
- Avoid wearing shoes with heels over one inch, with no ankle support, or with a smooth sole.
- Avoid wearing shoes with no back (such as a mule or clog) or strappy back (such as a slingback).

Footwear Tips

- Shop for shoes later in the day to ensure a proper fit.
- Have your feet measured to ensure appropriate shoe width and length.
- Accommodate foot deformities such as bunions or hammertoes by choosing shoes with a wide toe box.
- Consider a pedorthist, a specialist in footwear and devices, for footwear and orthotic recommendations to provide the best possible support for walking. See www.pedorthics.org for a searchable directory of credentialed pedorthists.

Home safety tips for older adults

A few changes could make your home easier and safer to live in and help you continue to live independently.

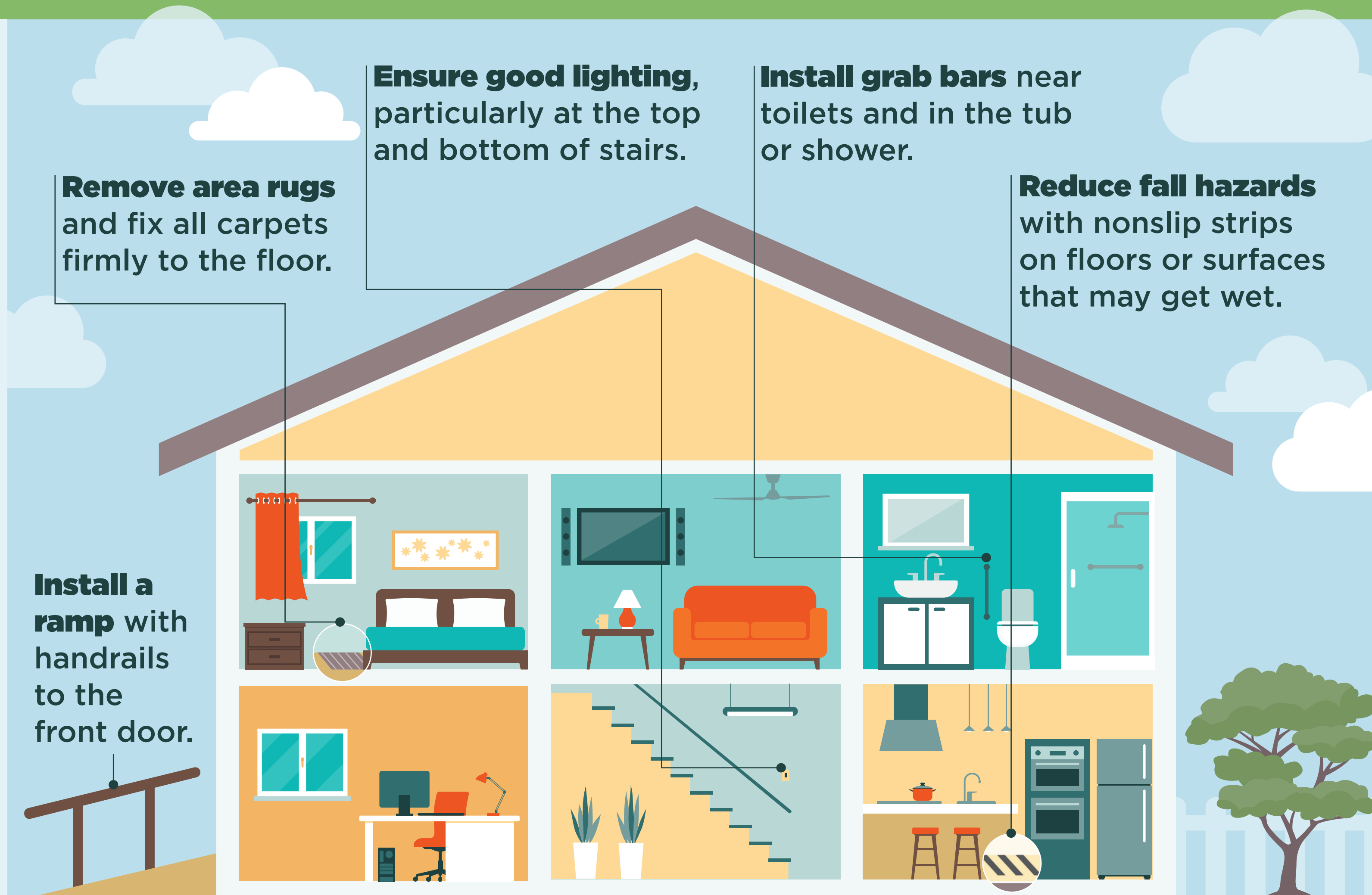
Remove area rugs and fix all carpets firmly to the floor.

Ensure good lighting, particularly at the top and bottom of stairs.

Install grab bars near toilets and in the tub or shower.

Reduce fall hazards with nonslip strips on floors or surfaces that may get wet.

Install a ramp with handrails to the front door.



For more information, visit www.nia.nih.gov/aging-in-place.

MEDICARE COVERAGE FOR DURABLE MEDICAL EQUIPMENT (DME)

MEDICARE'S DEFINITION OF DME

- Durable (can withstand repeated use); and
- Appropriate for use in the "home" ("primarily used at home," but not exclusively); and
- "Home" does not include a hospital or skilled nursing facility; and
- Primarily and customarily needed for a medical purpose (generally the DME is not useful to someone who is not sick or injured); and
- Necessary and reasonable for treatment of a condition or injury.

CRITERIA TO QUALIFY FOR DME COVERAGE

- The beneficiary is enrolled in Medicare Part B; and
- Need for DME is documented by practitioner who Certifies Medical Necessity (CMN); and
- Practitioner completes an Order (may be with the assistance of a physical therapist, occupational therapist or speech-language pathologist); and
- After a face-to-face meeting with the treating practitioner (certifications via telehealth are permitted, subject to certain limitations).

DME IN TRADITIONAL MEDICARE

OBTAINING MEDICARE-COVERED DME – GENERALLY

- Ask the prescriber to recommend suppliers they know and have worked with before.
- At <https://www.medicare.gov/medical-equipment-suppliers/> enter beneficiary zip code, then...
 - ✓ Locate the covered item or service on the list
 - ✓ Review the list of suppliers that accept Medicare assignment for that item or service
 - If no suppliers accept assignment, look for enrolled suppliers
 - ✓ Contact several suppliers for information. Have the prescription and doctor's notes ready to provide data
- Can also call 1-800-MEDICARE for assistance.

OBTAINING MEDICARE-COVERED DME – FOR A SPECIFIC ITEM

- A practitioner should prescribe the specific item.
- A practitioner should document the need for that specific item/supply in the medical record.
- The supplier is required to do one of the following:
 - ✓ Give the exact brand/form of item/supply requested, or
 - ✓ Work with the practitioner to find another brand/form the prescriber agrees is both safe and effective.

BENEFICIARY COSTS FOR MEDICARE-COVERED DME

- Annual Part B deductible, if not already met; and
- 20% of the Medicare-approved/allowed amount for Medicare-covered items, if Medicare-enrolled supplier “participates” in Medicare (accepts Medicare “assignment” as the full-price).
- If a Medicare-enrolled supplier does not participate in Medicare (“accept Medicare assignment”), there is no limit on the amount they can charge.
 - Medicare will only pay up to the Medicare-approved/allowed amount.
- If a supplier is not enrolled in Medicare, no payment will be made by Medicare.
- EXAMPLE of charges by various types of suppliers:
 - XYZ supplier has a \$150 walker for sale; Medicare allowed amount is \$100
 - If XYZ is a Medicare-enrolled participating supplier Medicare will pay \$80, beneficiary will be responsible for **\$20**.
 - If XYZ is a Medicare-enrolled non-participating supplier, Medicare will pay \$80, beneficiary may be responsible for up to **\$70** (\$150-\$80).
 - If XYZ is not Medicare-enrolled as a supplier, Medicare will pay nothing, beneficiary may be responsible for up to **\$150**.
- Note: Off-the-shelf knee braces and back braces may have to be purchased through Medicare-determined Competitive Bid Suppliers to be covered by Medicare. Search supplier website at Medicare.gov, above.

DME –TO RENT OR TO PURCHASE?

- Inquire with the supplier about rental or purchase options on each item.
- Inexpensive or customized items are typically purchased.
- Generally, most higher-cost, non-custom DME needed longer-term are rented via a 13-month rental program with ownership then transferring to the beneficiary.

DME – RENTED

- Medicare makes monthly payments (length of time of the payments varies by type of equipment – most are 13 months).
- A supplier picks up the equipment when it requires repair, or it is no longer needed.
- The cost of repairs or replacement parts are the supplier’s responsibility during a rental period.

DME – PURCHASED

- Medicare usually covers the cost of repairs or replacement parts for beneficiary-owned items.
- An item may be replaced if lost, stolen, damaged beyond repair, or used by the individual for more than the “reasonable useful lifetime” of the item.

DME – DELIVERY, SET-UP, TRAINING

Delivery, set-up and training is usually included as part of the Medicare’s payment for DME (whether purchased or rented) when an item is obtained from a Medicare participating supplier.

DME – REPAIRS

- If a beneficiary owns an item, Medicare covers costs to make it serviceable, unless the item is already under manufacturer or supplier warranty.
- If a beneficiary rents an item, the supplier is responsible for all repairs, there is no additional Medicare coverage for repairs.
- No new Certificate of Medical Necessity or Order is required for repairs.
- Medicare covers repairs for most items obtained before someone is eligible for Medicare.
- While repairs are underway, Medicare covers a temporary replacement item.

DME – MAINTENANCE

- Routine testing or cleaning (per an owner's manual) is not covered.
- Maintenance required by an authorized technician is covered.
- No new Certificate of Medical Necessity or Order is needed for maintenance.
- When ownership transfers to the beneficiary after a rental period ends, maintenance will be covered after the later of:
 - 6 months from the end of the final rental month, OR
 - When the item is no longer covered by a warranty.

DME – REPLACEMENT

- After irreparable damage (e.g., fire, flood)? A beneficiary needs new Certificate of Medical Need and Order
- After a reasonable useful lifetime – minimum of 5 years
- “Reasonable useful lifetime” is defined by Medicare as based on the date the equipment is delivered to the beneficiary, not on the age of the equipment. (Advocacy Tip – A beneficiary may want to ask for a new item, or a newer item with the least wear and tear as possible.)

DME – COVERAGE FOR “UPGRADES”

- Generally, Medicare pays based on a “standard” item.
- However, if added features are medically necessary, additional Medicare payment may be considered “reasonable”.
- A supplier “participating” in Medicare may not charge for features that are not medically required unless:
 - A beneficiary specifically requests an upgraded item;
 - A beneficiary is informed of the amount she/he will be charged, and;
 - An advanced beneficiary notice (ABN) must be provided by the supplier as documentation that beneficiary has made such an informed request.

DME IN DISASTERS OR EMERGENCIES

If items are damaged or lost due to a disaster or emergency:

- In most cases, Medicare will cover the cost of repair or replacement.
- In most cases, Medicare will cover the cost of a rental during repair or replacement.

DME - REQUIRED PRIOR AUTHORIZATION

Prior authorization is required for some items of durable medical equipment, 45 items (suspended during the COVID public health emergency):

- Some power wheelchairs and some “support services” items (including pressure reducing mattresses, mattress overlays, powered air floatation beds)
- Claims for these items must receive prior authorization before the item is furnished, or a claim is submitted, as a condition for payment (supplier should know if an item needs prior authorization).

DME – VOLUNTARY PRIOR AUTHORIZATION

- Advance Determination of Medicare Coverage (ADMC) is available for some customized DME (to determine if medically necessary).
- For items generally with an average purchase of \$1,000 or greater, or average rental fee of \$100/month or greater.
- Caution: If prior authorization is denied, only one re-submission is allowed per six-month period, but the supplier may still submit a claim to Medicare without prior authorization.

INFORMING SUPPLIERS OF BENEFICIARY LIFE CHANGES

There are times when a beneficiary may need to tell a supplier about changes that will affect how and when a beneficiary gets durable medical equipment. Beneficiaries should let a supplier know if they are:

- Changing insurance companies
- Changing doctors
- In the hospital or will soon be admitted to the hospital
- In a nursing home or will soon be admitted to a nursing home
- Traveling
- Moving
- Beneficiary or secondary contact information has changed
- If a beneficiary uses oxygen and needs a portable oxygen concentrator (POC) for travel, they should let a supplier know weeks in advance.

DME - QUESTIONS AND COMPLAINTS

- Contact a supplier to receive a required response to a question or complaint:
 - Within 5 days the supplier must confirm receipt and confirm investigating
 - Within 14 days the supplier must respond with investigation result in writing

Or, call 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)

Or, mail Medicare Contact Center Operations, PO Box 1270, Lawrence, KS 06044

- For further investigation, submit patient consent in English or Spanish:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10106.pdf>

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10106S.pdf>

DME - APPEALS

- For Traditional Medicare
<https://www.cms.gov/Medicare/Appeals-and-Grievances/OrgMedFFSAppeals>

DME IN MEDICARE ADVANTAGE PLANS

- Medicare Advantage plans must cover at least the same items and services as traditional Medicare; plans may cover more, not less.
- Beneficiary out-of-pocket DME costs will depend on the Medicare Advantage plan chosen, typically 20% - 50% co-insurance.
- To determine if an item is covered, and the cost to the beneficiary, call the plan and ask for the “Utilization Management Department”.
- To appeal a denial, start the appeal process through the plan. A beneficiary should follow the directions in the plan's initial denial notice and plan materials.

DME EXAMPLES

MEDICARE-COVERED DME

- Hospital Beds
- Manual Wheelchairs and Power Mobility Devices
- Hemodialysis equipment
- Respirators
- Crutches, Canes, Walkers & Commodes (not white canes)
- Sleep Apnea and Continuous Positive Airway Pressure (CPAP) devices
- Oxygen equipment and accessories
- Nebulizers and nebulizer medications
- Blood sugar monitors and test strips
- Infusion pumps, infusion drugs and non-drug supplies
- Speech Generating Devices (SGD)

NON-COVERED DME IN TRADITIONAL MEDICARE

- Equipment designed for comfort/convenience.
- Physical fitness or self-help equipment
- Devices and equipment used for environmental control

BENEFICIARY CHECKLIST: QUESTIONS TO ASK WHEN LOOKING FOR DME SUPPLIERS

- ✓ Do you sell & service “_____” item? Is it in stock or when can you get it?
 - ✓ Are you a Medicare enrolled supplier?
 - ✓ Do you accept Medicare assignment (Medicare allowed charges)?
 - ✓ If not, will you consider accepting assignment in my case?
 - ✓ If not, what is your non-assignment charge?
 - How is the charge imposed – outright payment or rental?
 - Is there an extra charge for necessary delivery/set up/training?
 - ✓ Will you work directly with my prescriber or will I need to intervene?
 - ✓ What is your process for delivery/set up/training of the item?
 - ✓ Will you bill Medicare directly?
 - ✓ Do you have a direct customer service representative I can contact? If so, how?
 - ✓ What are your company policies about customer responsiveness/follow through?
 - ✓ If you are not geographically convenient for me, do you have customer service representatives in my area?
 - ✓ How will you perform maintenance or repairs if I rent the item?
 - ✓ How will you perform maintenance or repairs or if I purchase/own the item?
-

Note: Check into and consider positive reviews or concerns raised by other beneficiaries about suppliers through other sources, such as the Better Business Bureau and/or online reviews.

BENEFICIARY RESOURCES

- Locate suppliers at <https://www.medicare.gov/medical-equipment-suppliers/>
- Official Medicare booklets at [Medicare.gov/publications](https://www.medicare.gov/publications):
 - ✓ “Medicare Coverage of Durable Medical Equipment and Other Devices”
<https://www.medicare.gov/sites/default/files/2020-08/11045-medicare-coverage-of-dme.pdf>
 - ✓ “Your Guide to Medicare’s Durable Medical Equipment Prosthetics, Orthotics, & Supplies (DMEPOS) Competitive Bidding Program”
<https://www.medicare.gov/sites/default/files/2021-02/11461-DMEPOS-Competitive-Bidding-Program.pdf>
 - ✓ “Medicare’s Wheelchair & Scooter Benefit”
<https://www.medicare.gov/sites/default/files/2019-11/11046-Medicare-Wheelchair-Scooter.pdf>
- Medicare Competitive Bidding Ombudsman (CBO):
 - ✓ Email: CompetitiveAcquisitionOmbudsman@cms.hhs.gov
 - ✓ Website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/Competitive_Acquisition_Ombudsman
- Beneficiary appeals process information: <https://www.cms.gov/Medicare/Appeals-and-Grievances/OrgMedFFSAppeals>; <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/medicareappealsprocess.pdf>
- Medicare Advantage Contract Supplier Standards and Beneficiary Protections, see <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326>
- Medicare Benefit Policy Manual Chapter 15
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>
- Medicare Claims Processing Manual Chapter 20
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
- Medicare Rights Center Oxygen Equipment Toolkit
<https://medicareinteractive.org/pdf/Medicare-Advocacy-Toolkit-Oxygen-Equipment.pdf>
- Medicare Rights Center Power Wheelchair Equipment Toolkit
<https://www.medicareinteractive.org/pdf/Medicare-Advocacy-Toolkit-Power-Wheelchairs.pdf>

CENTER FOR MEDICARE ADVOCACY

The Center for Medicare Advocacy, founded in 1986, is a national, non-profit law organization that works to ensure access to Medicare, health equity, and quality health care. The Center is based in Connecticut and Washington, DC, with additional attorneys around the country.

Based on our work with real people, the Center advocates for policies and systemic change that will benefit all those in need of Medicare, health care coverage and care.

Staffed by attorneys, legal assistants, a nurse consultant, and information management experts, the organization represents thousands of individuals in appeals of Medicare denials. The work of the Center also includes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State Health Insurance Program (SHIP).

Only through advocacy and education can older people and people with disabilities be assured that Medicare and health care are provided fairly:

- We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

— Copyright © Center for Medicare Advocacy —

Publication Produced with Support From:

- Grant number 90MPPG0044 from the U.S. Administration for Community Living, Department of Health and Human Services and is administered by the CT Department of Aging and Disability Services in partnership with the Area Agencies on Aging.
- Grant number 90SAPG0068 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.



LOCAL HELP FOR PEOPLE WITH MEDICARE

6/2021