Elder Abuse

June is elder abuse awareness month. Elder abuse is a silent problem that robs seniors of their dignity, security, and—in some cases—costs them their lives. Up to 5 million older Americans are abused every year, and the annual loss by victims of financial abuse is estimated to be at least $36.5 billion.

What is elder abuse?

Elder abuse includes physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment. Perpetrators include children, other family members, and spouses—as well as staff at nursing homes, assisted living, and other facilities.

- **Physical abuse** means inflicting physical pain or injury upon an older adult.
- **Sexual abuse** means touching, fondling, intercourse, or any other sexual activity with an older adult, when the older adult is unable to understand, unwilling to consent, threatened, or physically forced.
- **Emotional abuse** means verbal assaults, threats of abuse, harassment, or intimidation.
- **Confinement** means restraining or isolating an older adult, other than for medical reasons.
- **Passive neglect** is a caregiver’s failure to provide an older adult with life’s necessities, including, but not limited to, food, clothing, shelter, or medical care.
- **Willful deprivation** means denying an older adult medication, medical care, shelter, food, a therapeutic device, or other physical assistance, and exposing that person to the risk of physical, mental, or emotional harm—except when the older, competent adult has expressed a desire to go without such care.
How many older Americans are abused?
Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million elders who are abused each year. One study estimated that only 1 in 14 cases of abuse are reported to authorities.

Who are the abusers of older adults?
Abusers are both women and men. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Two thirds of perpetrators are adult children or spouses.

What makes an older adult vulnerable to abuse?
Social isolation and mental impairment (such as dementia or Alzheimer’s disease) are two factors. Recent studies show that nearly half of those with dementia experienced abuse or neglect. Interpersonal violence also occurs at disproportionately higher rates among adults with disabilities.

What are the effects of elder abuse?
Elders who have been abused have a 300% higher risk of death when compared to those who have not been mistreated. While likely underreported, elder financial abuse and fraud costs older Americans $36.5 billion per year. Yet, financial exploitation is self-reported at rates higher than emotional, physical, and sexual abuse or neglect.

Are there criminal penalties for the abusers?
Most states have penalties for those who victimize older adults. Increasingly, across the country, law enforcement officers and prosecutors are trained on elder abuse and ways to use criminal and civil laws to bring abusers to justice. Review elder justice laws, statistics and other state resources compiled by the NCEA.

How can elder abuse be prevented?
Educating seniors, professionals, caregivers, and the public on abuse is critical to prevention. If you’re an older adult, you can stay safe by:

- Taking care of your health.
- Seeking professional help for drug, alcohol, and depression concerns and urging family members to get help for these problems.
- Attending support groups for spouses and learning about domestic violence services.
- Planning for your own future. With a power of attorney or a living will, you can address health care decisions now to avoid confusion and family problems later. Seek independent advice from someone you trust before signing any documents.
- Staying active in the community and connected with friends and family. This will decrease social isolation, which has been connected to elder abuse.
- Posting and opening your own mail.
- Not giving personal information over the phone.
- Using direct deposit for all checks.
- Having your own phone.
- Reviewing your will periodically.
- Knowing your rights. If you engage the services of a paid or family caregiver, you have the right to voice your preferences and concerns. If you live in a nursing home, call your Long-term Care Ombudsman. The ombudsman is your advocate and has the power to intervene.

If You Receive a Letter from Social Security?
Here’s What You Need to Know
The National Council on Aging wants you to know that if you received a letter from the Social Security Administration saying you may be able to get help paying for the costs of Medicare is not a scam.

Every year in May and June the Social Security Administration (SSA) sends letters to people with Medicare who may be eligible for two money-saving programs that can help them afford their prescriptions and health care costs.

See example letter from Social Security on pages 3-4.
You May Be Able to Save $1,608 Or More In Medicare Costs!

If you can’t afford Medicare premiums or other medical costs, you may be able to get help. Medicare Savings Programs may help pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments. Extra Help is a Medicare program that may help pay Medicare prescription drug (Part D) deductibles, premiums, and copayments. You need to enroll in a Medicare prescription drug plan to get Extra Help.

If you file an application for Extra Help, you don’t have to file a separate application to get help from your State. Social Security will send information to your State to find out if you qualify for a Medicare Savings Program. Social Security won’t send information if your Extra Help application shows you’re not interested in Medicare Savings Programs.

Am I eligible for a Medicare Savings Program?

To qualify for a Medicare Savings Program, your monthly income and total resources (like money in a bank, stocks, or bonds) must be at or below the amounts shown in this table:

<table>
<thead>
<tr>
<th>Medicare Savings Programs</th>
<th>2017 Monthly Income Limit*</th>
<th>2017 Total Resource Limit**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Married (living together)</td>
<td></td>
</tr>
<tr>
<td>$1,377</td>
<td>$1,847</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Married (living together)</td>
<td></td>
</tr>
<tr>
<td>$7,390</td>
<td>$11,090</td>
<td></td>
</tr>
</tbody>
</table>

How do I Apply for Medicare Savings Programs?

Call your State Medical Assistance (Medicaid) office to get more information and apply for a Medicare Savings Program. To get the number for your State Medicaid office, visit Medicare.gov/contacts or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
Your State Health Insurance Assistance Program (SHIP) can help answer Medicare questions. To get the phone number for your SHIP office, see the back of your Medicare & You handbook, visit shiptacenter.org or call 1-800-MEDICARE.

Am I eligible for Extra Help?

To qualify for Extra Help, your yearly income and total resources (like money in a bank, stocks, or bonds) must be at or below the amounts shown in this table:

<table>
<thead>
<tr>
<th>Extra Help Program</th>
<th>2017 Yearly Income Limit*</th>
<th>2017 Total Resource Limit**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$18,090</td>
<td>$13,820</td>
</tr>
<tr>
<td>Married (living together)</td>
<td>$24,360</td>
<td>$27,600</td>
</tr>
</tbody>
</table>

* Some States, like Alaska and Hawaii, allow you to have more income. If you or your spouse work, you may qualify for benefits even if your income is higher than the amounts shown above.

** Some States allow you to have more resources. Your house, car, and up to $1,500 per person in burial expenses don't count as resources.

How do I apply for Extra Help?

Apply for Extra Help at socialsecurity.gov/extrahelp or call 1-800-772-1213 to get an application. TTY users can call 1-800-325-0778. You can also apply at your local Social Security office. To get the address for your local Social Security office, visit socialsecurity.gov/locator online.

Get more information about Medicare prescription drug plans, visit Medicare.gov or call 1-800-MEDICARE.

Nancy A. Berryhill  
Acting Commissioner  
Social Security Administration

Seema Veima  
Administrator  
Centers for Medicare & Medicaid Services
What are these money-saving programs?

- The Medicare Part D Extra Help program (also known as the Part D Low Income Subsidy, or LIS) helps pay your Part D drug plan premium and saves you money on medications at the pharmacy. If you qualify for Extra Help, you will pay no more than $8.35 for your prescriptions for each drug your plan covers.

- The Medicare Savings Program (MSP) pays your Part B premium each month. It also may help pay for other costs in Medicare, such as your Part B deductible and co-pays at the doctor’s office.

Why did I get this letter?

Social Security sent you this letter because you are enrolled in Medicare and, based on your monthly Social Security benefit, you appear to have an income that qualifies you for these programs.

Getting this letter does not mean you automatically qualify for these programs. You still need to fill out an application for each program.

Social Security does not have access to information about your other income and resources, such as any pension or retirement account you may have. If you apply for Extra Help or MSP, you will be asked for more information about your overall finances.

Where can I get help with an application?

To get in-person help with an Extra Help/MSP application:

- Contact your State Health Insurance Assistance Program (SHIP). SHIPS are federally funded to provide free, objective assistance to people with Medicare and their families. Find your SHIP at www.SHIPfactsheet.org or call toll-free 1-877-839-2675.

- Find out if there’s a Benefits Enrollment Center (BEC) near you. BECs help people with Medicare apply for all the programs they may be missing out on. NCOA funds 69 BECs across 36 states.

- You can also apply for Extra Help online through BenefitsCheckUp® website. It’s free, confidential, and can screen you for thousands of other benefits programs at the same time.

How do I know if other letters I receive are a scam?

Scammers are known to pose as agents of the federal government. If you receive a letter from Social Security and are not sure if it is real or not, you can verify it by calling 1-800-772-1213. SSA also encourages people to set up an account at My Social Security to be able to check notices and your benefits at any time.

How to Compete in the Job Market as an Older Worker

Hiring managers aren’t allowed to mention age – and you shouldn’t, either.

According to “US News and World Report“, Age discrimination in hiring is illegal. Nevertheless, it happens, and it’s one of the reasons why workers over age 50 experience longer bouts of unemployment than younger people.

A study on laid-off workers from 2008 to 2012 shows 65 percent of those older than 62 were still unemployed after 12 months, compared to 47 percent of those ages 50 to 61; 39 percent for those ages 35 to 49; and 35 percent of those ages 25 to 34, according to economist Richard Johnson, senior fellow at the Urban Institute.

Biases are one barrier blocking older workers from good opportunities, says Dan Ryan, principal of Ryan Search & Consulting: “There’s a perception among some people making hiring decisions that [older workers] may be less adaptable to change.”
So, what can older workers do to improve their chances on the job market? Experts recommend the following approaches:

**Improve Your Digital Footprint**

Most modern jobs require at least some use of digital technology, and in many industries the hiring process itself has migrated online. That means it’s important for older workers to demonstrate that they’re savvy with digital tools.

And only use photos that look professional, says Unique Morris-Hughes, interim director of the Washington DC Department of Employment Services, which offers a program that helps people ages 50 to 64 find work.

"You might love your grandkids, but it’s not the best idea in your photo to include you and all your grandkids," she explains. "Avoid the playful photos that make folks question your seriousness or your intent." Instead, for LinkedIn photos, she recommends that job seekers wear clean, white shirts and ask friends or relatives to take simple headshots with the camera lens focused on the face.

Just like all job seekers, older workers should learn about privacy settings on the social media accounts they use and "avoid posting things that are controversial or could be considered inappropriate," Morris-Hughes says.

The email address you use may accidentally reveal your age, Ryan warns. Email services offered by AOL, Yahoo and Hotmail date back to the 1990s, while Gmail launched in 2004, making it more likely that someone who uses AOL, Yahoo or Hotmail is "a more mature worker," Ryan says. He advises job seekers to ditch AOL accounts in favor of a more modern option.

It’s also important that your email address has a professional username.

**Keep It Current**

Your resume should reflect your experience, not your age. If you’ve worked for three or four decades, you’re probably proud of all that labor. But hiring managers are only interested in your experience that’s most relevant to their needs. So "limit work history to the last 10 to 15 years" on your resume, Morris-Hughes says. "At the end of the resume, you can summarize the remaining years at a very high level."

Consider removing dates related to your education background from your resume, Ryan suggests. The year you earned your college degree may serve as an immediate – and unhelpful – signal of your age and prove to be a “limiting factor” to your job search, he says.

Using a functional resume organized by skills rather than chronological jobs is another way to avoid using dates.

**Shore Up Your Skills**

If your line of work requires certifications, make sure yours are still valid, Howarth says. That might require taking a few classes to meet new standards or simply contacting the organizations that manage those credentials and asking that they be reactivated or renewed.

Acquiring new certifications can also make older workers more competitive in the job market. Ryan recommends a project management professional certification, since it’s relevant to many fields.

Joining and staying active in relevant professional associations is another good way to keep your skills current. Plus, Ryan says, these kinds of memberships “show linkage, activeness and value” to potential employers.

**Don’t Discuss Age**

In the hiring process, age should remain a taboo topic. The person interviewing you shouldn’t bring it up and neither should you.

If someone much younger than you are doing the hiring, it may be tempting to point out the age difference, but that’s a big mistake that comes across as condescending, Inman says. Avoid phrases, no matter how playful, such as, “I’ve been working longer than you’ve been alive.”

"People think they’re assuming a parental frame to break the ice, but it’s not helpful," Inman says.
Use a Positive Frame

Older workers should, however, discuss in positive terms what they must offer potential employers thanks to their many years on the job.

"Speaking about the wealth of knowledge and experience they bring to the workforce is a way to highlight their maturity and age," Morris-Hughes says.

For example, in fields like sales and business development, older workers likely have many connections and wide networks, which can help companies boost revenue, Ryan says.

Get to the Point

Brevity is an important communication strategy during the job search process. Many of the older job seekers with whom Inman interacts tend to "oversell" and "overtalk."

"Quite frankly, the attention spans of millennials are not as long" as those of baby boomers, Inman says. "When you're giving an answer, make sure you've rehearsed it."

Develop a 30-second pitch that summarizes your experience, strengths and what you need offer a potential employer, Morris-Hughes recommends.

"In the first 30 seconds or minute, I have formed a thought on a person," she explains. "Use those first 30 seconds carefully and wisely in a job interview."

Nutrition Resources for People with Disabilities
6 Things You Need to Know

Those with developmental or intellectual disabilities often have a higher risk of being obese than the general population. Because of this, it's important to make sure those people get the adequate nutrition they need, rather than following basic guidelines. Those who can't be as physically active as the general population should take in fewer calories, and those who have difficulty feeding themselves should seek their caloric intake from nutritious meal replacements, rather than sugary or fatty liquids.

<table>
<thead>
<tr>
<th>Food Groups: Nutrition for Children</th>
<th>Food Groups: Nutrition for Adults 18+</th>
<th>Issues That May Affect Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 2 to 3 Years Old</td>
<td>Adults 18 Years Old</td>
<td>Slower oral-motor development: larger tongues, challenges with chewing, smaller teeth, food texture preferences</td>
</tr>
<tr>
<td>• Grains: 3 ounces</td>
<td>• Grains: 6 ounces</td>
<td>Constipation</td>
</tr>
<tr>
<td>• Vegetables: ½ cup</td>
<td>• Vegetables: 2 ½ cups</td>
<td>Picky eating/eating the same foods</td>
</tr>
<tr>
<td>• Fruit: ½ cup</td>
<td>• Fruit: 2 cups</td>
<td>Weight gain: slower metabolism means the body burns fewer calories, hypothyroidism</td>
</tr>
<tr>
<td>• Dairy: 2 cups</td>
<td>• Dairy: 3 cups</td>
<td>• Acid reflux</td>
</tr>
<tr>
<td>• Protein: 2 ounces</td>
<td>• Protein: 5 ½ to 6 ounces</td>
<td>• Celiac disease</td>
</tr>
<tr>
<td>Children 4 to 5 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Grains: 5 ounces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vegetables: ½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fruit: ½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dairy: 2 ½ cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Protein: 3 ounces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children 6 to 8 Years Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Grains: 5 ounces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vegetables: 2 cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fruit: 1 ½ cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dairy: 2 ½ cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Protein: 5 ounces</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tips to Ensure Healthy Eating

Try to fill half the plate with fruits and vegetables – either fresh, frozen, canned, or dried. When possible, opt for fresh, local produce. Frozen is also good since they are picked and frozen at peak ripeness. Just make sure you have plenty of variety and pay attention to the amount of salt and sugar.

Keep protein as lean as possible, and aim for 90% lean when purchasing ground meat. Remove skin from poultry. Limit processed meats like deli meat and sausages, and watch for sodium. Remember, eggs, nuts, seeds, and beans also provide protein, so you have plenty of variety.

Grains include wheat, rice, barley, oats, and other cereal grains. Opt for products that listen to whole wheat, or 100% whole grain in the first three ingredients. Opt for white versions of whole wheat bread and pasta if the child doesn’t like the appearance. Watch out for sugary cereals, and use brown rice rather than white.

Dairy includes milk, yogurt, and cheese. Those who are lactose intolerant can find a variety of soy, coconut, or almond milk varieties. Opt for low-fat options when possible.

Avoid foods with added or refined sugars. Keep as much of the diet as unprocessed as possible. Stick with complex rather than simple carbohydrates. Get as much of your nutrition from real food sources as possible, as supplements can never replace the real food. Keep your diet high in omega-3s, and avoid trans fats. There is no perfect diet for everyone.

Small Steps to Improve Your Diet

- When baking, replace a cup of oil or butter with ¼ cup of drained, crushed pineapple, applesauce, or mashed ripe banana.

- Replace sour cream with fat-free plain Greek yogurt.

- Replace butter and sour cream with equal amounts of chicken or vegetable stock in your mashed potatoes.

- Replace flour in brownies with drained and mashed canned black beans in a 1:1 ratio.

- Replace noodles with thinly sliced zucchini.

- Use half real eggs and half egg substitutes when making dishes like omelet and quiche.

- Use low-fat or fat-free cream cheese in place of regular in recipes – or split it for half fat-free and half low-fat.

- Replace soda with sparkling water, or still, water flavored with fruit.

- Try roasting vegetables to get more flavor compared to boiling or steaming.

- Eat more protein at breakfast to keep yourself feeling fuller longer. Skip the sweets.

- Carry a water bottle with you throughout the day, so it’s easy to sip on whenever you feel thirsty. When you feel hungry, try drinking water first. Often, we mistake thirst for hunger. Plus, the water will fill your stomach, so you eat less at mealtime.

Choose whole fruit over juice. You’ll get more fiber and nutrients this way – and less sugar.

New Shingles Vaccine is Highly Effective
Long-lasting and in Short Supply

A national shortage of a new and more effective vaccine to protect adults over 50 from the painful rash known as shingles is prompting retailers to create waiting lists and the manufacturer to delay additional promotion.

Shingrix, licensed in the fall by the Food and Drug Administration, is the preferred vaccine recommended by the Centers for Disease Control and Prevention for protection from a disease that affects 1 in 3 adults in their lifetime.

By recommending that healthy adults start receiving the vaccine at age 50 — a decade earlier than the previous recommendation — federal health officials are hoping that millions more people will be protected from shingles, which is caused by the reactivation of the same virus that causes chickenpox.
One of the most common complications of shingles in those 50 and older is nerve pain that can last for months or even years after a shingles rash goes away, and can be so debilitating that the touch of clothing on skin can cause searing pain. It has no treatment or cure.

The new two-dose vaccine provides greater protection — more than 90 percent — and lasts longer than the older single-shot vaccine that has been in use since 2006. The CDC recommends that people should get the new vaccine if they have had shingles, have previously received the old vaccine, or have had or are unsure if they have had chickenpox. There are an estimated 1 million cases of shingles in the United States each year; the risk of diseases increases as people age.

Since the new vaccine became broadly available in the United States earlier this year, demand has soared. Supply has not kept pace. Manufacturer GlaxoSmithKline “implemented order limits and providers have experienced shipping delays,” according to a note posted on the CDC’s vaccine shortage list earlier this month. Even though GSK is working to increase supply, those order limits and shipping delays will continue through 2018, the note said. The CDC began reporting shortages in early May.

The scarce supply of Shingrix is likely to be mentioned at a regularly scheduled meeting Wednesday of the federal panel that advises the CDC on immunizations. Drugstore chain CVS said it began offering the vaccine to patients broadly in mid-March. But because of high demand, “it has become challenging to keep an ample supply across all our more than 9,800 stores due to supply restrictions from the manufacturer,” said CVS spokeswoman Amy Lanctot in an email Tuesday. “We are still getting shipments intermittently,” she wrote. She said patients should call their local store to find out if the vaccine is in stock.

People who called their CVS pharmacies in recent weeks and were put on hold were likely to hear a recorded message about the new vaccine, saying that it is up to 97 percent effective and recommended for adults over 50. “Talk to your pharmacy team today,” the message says.

Several CVS pharmacies in suburban Maryland reported the vaccine has been on back order for weeks. Shipments are limited to one box of 10 doses. At the CVS pharmacy in a Target store in Rockville, a person who answered the telephone said the pharmacy had not received any doses since a first shipment “a couple months ago.” He offered to put a customer on a waiting list. A nearby Harris Teeter grocery store that had signs advertising the vaccine was also low on stock, also limited to receiving one box of 10 doses at a time and had a waiting list.

Who Needs Home Care?

Generally, home care is appropriate whenever a person prefers to stay at home but needs ongoing care that cannot easily or effectively be provided solely by family and friends. More and more older people, electing to live independent, non-institutionalized lives, are receiving home care services.

Such services are generally available 24 hours a day, seven days a week. Depending on a person’s needs, these services may be provided by an individual or a team of specialists on a part-time, intermittent, hourly or shift basis. Caregivers providing such services may include home care aides, as well as licensed CNAs and Geriatric Nursing Assistants (GNAs).

CNAs and GNAs are paraprofessionals who can assist with ADLS. Like home care aides, they may also offer food preparation, light housekeeping and laundry assistance. With an additional Med Tech License, CNAs and GNAs can also administer certain medications. ElderCaring is a family-owned nursing referral agency that helps match caregivers (as independent contractors) with clients in Washington, D.C. and in Montgomery and Prince George’s counties, Maryland. Their caregiver fees range from $17.50 to $25 per hour.

The cost per hour is usually influenced by the number of hours worked. Longer working hours usually entail lower hourly rates. For example, through ElderCaring, a med tech CNA making a 2-hour visit to review medications might cost $25 per hour, while a CNA aiding for 12-hour shift five days a week would generally cost $19.50 per hour. Live-in rates begin at $230 per day.
Because clients legally hire the care worker directly, clients are responsible for federal and state requirements relating to employee paperwork, Social Security, tax withholding and the like.

**Home Care for Safety**

Mobility issues especially create the need for care at home. Pamela Smith’s aging father “has serious stability issues and has fallen down several times in recent years,” she said. Last year, the family hired caregivers from Home Care Assistance to give him the “considerable support” he requires. To protect their privacy, the family’s names have been changed.

Home Care Assistance is a national home care agency with local branches in Bethesda, Md., Washington, D.C. and Fairfax and McLean, Va. It offers hourly and daily home care and respite care, and trains its caregivers in a cognitive stimulation program to improve their patients’ brain health.

Smith feels the caregivers have been essential to her father’s daily life. “The managers, especially the main program coordinator, Vignette, have been very professional and efficient,” she said. They take “great care to meet our specific needs and requirements, even when responding to any last-minute requests for caregivers.” As at most home care agencies, CNAs from Home Care Assistance primarily help with ADLs. Though Pamela’s father, Robert, currently receives part-time care, his mobility and stability issues will likely demand full-time assistance soon.

The cost of home care can vary according to the agency. Because an agency’s caregivers are employees, the agency handles all aspects of payroll, such as withholding taxes and Social Security. Some agencies, like Home Care Assistance, also process all long-term care insurance claims.

As a result, the hourly rate for care is somewhat higher at agencies than for a “registry” or referral service like ElderCaring. For example, Home Care Assistance charges $25 to $28 per hour, with round-the-clock live-in care costing $365 per day.

**Caregivers with Specialized Skills**

A few years ago, retired physician Don Hellerman was diagnosed with a laryngeal carcinoma, and through a series of medical mishaps, lost his leg due to the ordeal. His cancer went into remission, but living life as an amputee proved difficult for the family. The Hellermans eventually got matched with Grace Ngeburi, a CNA from Capital City Nurses. “She is incredibly reliable,” said Hellerman’s wife Susan.

The Petukhov family originally created their agency to serve Medicaid recipients. Eventually, they broadened its hourly home care services to those in all economic brackets. Its caregivers pass personality, character and skill tests, along with reference and background checks.

The cost of care ranges from $18 to $25 per hour. Petukhov says the “personal touch” is what you should look for in an agency. As a family-owned company, he says, it is likelier to have a stake in your satisfaction. “She never cancels and always shows up. She’s just very helpful.” Before working with Grace, the couple had an unfortunate experience with another agency when they were assigned a few young caregivers who had no experience with amputee patients. “They were nice people, but they weren’t trained,” Susan explained.

Capital City Nurses Healthcare Services offers private duty and companion care in the Washington, D.C. metro area, Maryland Eastern Shore and Delaware. Its caregivers offer a wide range of specialized skills, including Alzheimer’s and dementia care, hospice support, skilled nursing, and child care. Caregivers are vetted through a series of verifications of state certifications and licenses, multiple interviews, reference checks and criminal background checks. The hourly fees for Capital City Nurses CNAs range from $23 to $25, and overtime rates are charged if applicable.

**Why Pick an Agency?**

In general, using a home care agency often takes the work out of finding a licensed caregiver — and offers many advantages over direct hiring, though the latter can be less expensive.

“I think the benefit of working with a company like Capital City Nurses is the peace of mind that families get from having the support of the organization,” explained Shaun Toomey, director of business development for the agency.

“The management and scheduling of a caregiver or team of caregivers, finding replacements when they take days off, and paying them individually are burdens that using an agency alleviates.” Additionally, long-term care insurance companies generally require care to be provided by a licensed home care agency. Fortunately, the Hellerman’s have a “wonderful long-term care insurance policy,” which covers all their caregiving costs, Susan said.

Some clients feel that using an agency is the “safest way to go,” according to Alex Petukhov, president of Montgomery County-based Best Senior Care. “The caregivers are more dependable, responsible, and want to do a good job. After all, the agency will keep giving then more clients if they do well,” he said. Clients can also be assigned a new caregiver if the situation doesn’t work out, he added.
Mr. Mack became a participant in the NCBA-DCSCSEP program on June 13, 2017, and began training as a Senior Aide at Emery Recreation Center. He was elated to learn new skills and do what he loves most—helping others.

During his job training, Mr. McIntyre told his job counselor he wanted to work again. Considering his work ethic and his infectious spirit, the SCSEP staff knew it would only be a matter of time before he got hired.

**Months Forward...**

On September 27, 2017, Emery Recreation Center, Senior Citizens Program in Washington, DC; DC Council members, representatives from the Mayor’s Office; and Mr. Mack hosted an event to honor DC NCBA-SCSEP staff.

On June 19, 2018, Mr. Mack’s hopes and dreams came true. He received a notice on June 29, 2018 that he was hired with the DC Government Dept. of Parks and Recreation.

**Mr. McIntyre’s Acknowledgement:**

“I’m sending this email to inform you that as of June 29th, I will be leaving NCBA to accept a position with DPR. I would like to thank NCBA for the opportunity to train with this program and I would especially thank Ms. Dorothy Fields and Ms. Adrienne Wiggins for recruiting me for the program.

Training with NCBA has been a great experience and the financial benefits have been a GODSEND for me. So once again, I would like to thank NCBA for the opportunity to work and train with the program and would like to wish you all the best for continuing to be a Blessing to seniors everywhere”.

Yours Truly,

Lawrence McIntyre