

Mr. and Mrs. Jones

Mr. and Mrs. Jones live in their 125 year old home in a rural area of the county, 38 miles from the city where all medical services, shopping and human services agencies are located. They have no close neighbors as most are deceased or have moved away. They also own 43 acres of non-contiguous property that they used to lease to a local farmer for extra income. Their house has little or no insulation. The windows were replaced in 1964. The fuel bills are quite high, even with their HEAP benefit. The one bathroom is upstairs. The old footed bath tub with a shower is too tall for Mrs. Jones to get in and out of. The washing machine is in the cellar. There was an outdoor clothesline, but the ropes have rotted away. They hang some clothes in the living room by the wood stove. The floors in the house are at different levels from room to room, as it was added on to several times many years ago. They are on a waiting list for Weatherization and a Rural Development loan/grant and may receive service in 12 to 18 months. The Jones' have 3 cats and have occasionally taken in strays. They do not use veterinary services. The home has a distinct odor from the cats and from 4 or 5 years without thorough housecleaning.

Mr. Jones is 87, has a history of cardiac problems, high blood pressure and early stage dementia. He has some incontinence at night, has stopped taking showers and has been losing weight. He continues to drive, "coached" by Mrs. Jones.

Mrs. Jones is 85 and has used a walker since recovering from a broken pelvis sustained 2 years ago when she fell going into the cellar to do laundry and consequently is no longer able to get to the basement in order to do laundry. She is obese and has diabetes. She is mentally clear, has low vision and no longer drives. She does the bills, makes the appointments and takes care of filling prescriptions. All of this is getting harder as her vision deteriorates.

Their only daughter and son in law live 80 miles away in the next county. He is on disability and they have very low income. They visit on holidays 2 or 3 times a year as their car is unreliable and gas is costly.

Each week they get 5 hot home delivered meals and one frozen meal for the weekend. Mrs. Jones is able to prepare light meals with the items purchased when Mr. Jones drives her to the market. They receive 4 hours of EISEP funded personal care when an aide comes in for 2 hours, 2 times each week to assist both Mr. and Mrs. Jones with bathing, do the laundry, and time permitting, straighten up the bathroom and other parts of the home. No more EISEP hours are likely to be available soon as there is a large waiting list for the program. They are zero cost- share but would have a significant spend down for Medicaid, plus the acreage is an excess resource. They have had the property on the market for 2 years, with no prospect of selling it. They have little or no disposable income.

How could EISEP ancillary services be incorporated into the care plans of Mr. and Mrs. Jones in order to help them?

POSSIBLE ANCILLARY SERVICES:

HIM

Water proof pads for bed

Depends

Ensure

Assistive technology, i.e., programmed /photo telephone

HER

Relocate washer to first floor, or install stackable washer/dryer

Assistance with bill paying

BOTH

Hand held shower

Bath bench

Lifeline

Heaving cleaning

House cleaning service

Shopping service

Transportation to medical appointments and/or other, e.g., bank

Home repairs: getting floors evened out, windows, insulation (vs. waiting list?)

Emergency lighting, e.g., solar unit in case of power outage

Nutrition counseling

Would any of the new services impact the 4 hours of EISEP services they currently get, e.g., reduce, change what is done during the 4 hours by the aide.