



# Newsletter

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## Clifton/Fairfax Station—Transition in Place Services (CFS-TIPS)

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Note From The Editor: this edition of the CFS-TIPS newsletter includes three thoughtful articles about issues we’ll all potentially face in the coming years (long term care health care considerations, scams that target seniors, and taking care of aging parents ). To be sure, none of the enclosed articles will provide all of the information needed to deal with the topics that are covered, but hopefully, you’ll find something of value in each one.

For the sake of brevity, I’ve taken some editorial liberties and shortened the enclosed articles. Hopefully, in doing so, I haven’t deleted the main points of the various authors. For those who want to read the complete articles, I’ve provided the appropriate citations. MED

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### Long term health care: Plan ahead

Long term care ranges from some scheduled help around the house to 24-hour care in a nursing home. The purpose of long term care is to help you maintain as much independence as possible without compromising safety. A long term care facility or home health care aide can help with the weekly shopping or bathing and dressing that you may be unable to do as well as you used to. In addition, knowing that someone's there to help can relieve stress.

**Types of long term care:** Long term care ranges from some scheduled help around the house to 24-hour care in a nursing home. The purpose of long term care is to help you maintain as much independence as possible without compromising safety. A long term care facility or home health care aide can help with the weekly shopping or bathing and dressing that you may be unable to do as well as you used to. In addition, knowing that someone's there to help can relieve stress. Several levels of long term care exist. When choosing long term care, get to know what to expect from each level of care. (Continued on P. 2)

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Types of long term care: include:

- **Home care.** Home care includes medical care — usually nurses who come to your home if you can't go out. But this category of long-term care can also include help around the home. Home health aides or personal care service workers can visit daily or as needed to help you bathe and get dressed. They can also assist with housekeeping, meals and shopping.
- **Adult care.** Adult care programs are a type of long term care that offers social interaction and meals from one to five days a week, depending on the program. Some adult care programs provide transportation to and from the care center. Activities often include exercises, games, trips, art and music. Some adult care programs offer medical services, such as help taking medications or checking blood pressure.
- **Senior housing.** If you or a loved one can no longer live in a house but doesn't need continuous long term care, you might consider senior housing or retirement housing. This type of housing is often rental apartments that have been adapted for seniors, including railings installed in the bathrooms and power outlets placed higher on the walls. Other services offered by senior housing communities include meals, transportation, housekeeping and activities.
- **Assisted living.** Consider assisted living if you need more help than senior housing offers but still want to remain as independent as possible. Assisted living staff can help residents take medications on schedule, help with bathing and dressing, and provide some medical care. Some assisted living facilities also have on-site beauty shops and health services such as a medical clinic.
- **Nursing home.** Nursing homes offer 24-hour nursing care if you or a loved one is recovering from an illness or an injury. They also offer end-of-life care. Nursing home services are for those who need more medical care than other long term care options can offer, such as wound care, rehabilitative therapy, and help with respirators or ventilators. Personal care for bathing, dressing and going to the bathroom also is available at nursing homes.
- **Continuing-care retirement community (CCRC).** CCRCs offer several levels of care in one setting. They enable you to stay in one place for the rest of your life rather than moving each time you need a new level of care. You might choose to move into a CCRC senior housing apartment while you're still healthy and independent. When you need more help with daily activities, you can move to the assisted living area. For more care, you can go to the CCRC's on-site nursing home. You usually pay a fee or endowment to enter the CCRC, rather than paying monthly for rent and services.

### **Paying for long term care:**

Long term care can be expensive. There are multiple sources that provide funds to pay for long term care. Options include:

- **Long term care insurance.** You pay an annual premium for long term care insurance. In exchange, when you or a loved one needs care, the insurance provider pays a daily rate to the long term care facility. (Continued on the next page).

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Daily rates differ, depending on the insurance policy. If long term care is needed immediately, it may not be possible to get long term care insurance. However, if you or your loved one is currently healthy but likely would need long term care in the future, you might want to consider this option.

- **Medicaid.** Medicaid is a joint state-federal program for people who meet certain income requirements. Medicaid usually covers nursing home care only after an illness or injury. Whether Medicaid covers assisted living or a continuing-care retirement community depends on what state you live in. Medicaid coverage differs in each state, with some states covering home care services.
- **Medicare.** This federal program is for people over age 65 and those with disabilities. Although Medicare doesn't cover assisted living, it covers home care services in some cases. Medicare covers nursing home care for up to 100 days, but only if you have recently been in the hospital for at least three days.

Other options that may carry a risk or charge fees include reverse mortgages, annuities or setting up a trust fund for long term care. Deciding how to make payments for these options can be difficult. Discuss your options with your lawyer, accountant, a social worker or your local agency on aging. Also talk to your doctor, who may recommend community resources.

[By Mayo Clinic Staff](#)

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## **A Pestilence of Human 'Woodchucks' N.Va. Police and Prosecutors Warn of Persistent Home-Repair Scam Artists**

**By Tom Jackman  
Washington Post Staff Writer  
Sunday, April 26, 2009**

It starts with trimming a tree. Then maybe a gutter needs fixing, or a chimney repairing. And within weeks, more than \$100,000 is gone.

Police call them "woodchucks," men who cruise the older neighborhoods of Northern Virginia looking for elderly women living alone who can be conned or manipulated or intimidated into paying ridiculous sums for little or no work. In Fairfax County, police estimate that 500 people a year are victimized by unlicensed contractors who come back day after day, demanding \$7,000 to fix a leaky sink or \$3,000 to fill some shallow holes in the back yard.

"I was so taken for a ride," said a Falls Church woman, 64, who did not want to be identified out of fear. She paid about \$140,000 in slightly more than two months to a crew of men from Culpeper County, where many of the woodchucks live, for barely noticeable repairs. "I was very naive."

Police in Northern Virginia said the scammers cruise through more established neighborhoods, ones with big trees, fewer children and maybe more slightly declining houses. They look for older sedans, such as Cadillacs or Crown Victorias, with handicapped license plates or hang tags. No SUVs or child seats.

The scheme often starts with a legitimate job, possibly performed well, such as trimming tree limbs, said Detective Michael Cole of the Fairfax financial crimes unit. And, Cole noted, if a homeowner agrees to pay an outrageous fee for a service, there's no crime as long as the service is performed.

It's often hard for police to document what work was done, and elderly homeowners can't climb a roof to confirm work, or can't remember what was agreed to and what wasn't, Cole said. Many don't report the crime, out of embarrassment or fear.

The age of the victims sometimes presents a problem to police and a boon to the criminals, because the victims might not remember how much money they paid or what services they agreed to pay for. Checks are made out to different people, and sometimes the woodchucks drive the victim to the bank and she cashes checks for them, police said.

Police in Northern Virginia have started targeting the scammers, and last week the accused leader of one crew pleaded guilty in Fairfax Circuit Court to defrauding a 78-year-old Springfield area woman. Dwayne Wharton, 32, of Culpeper agreed to repay the woman \$30,500, but prosecutors said he and his co-workers extracted about \$130,000 from her in a few months in fall 2007.

Wharton's attorney, Jerry Phillips, said the complaints made against Wharton were merely civil disputes over the quality of work done. "I can present just as many satisfied customers as they can unsatisfied customers," Phillips said.

The day before his plea, Wharton was arrested again in Vienna. He was paid for repairing an elderly woman's roof, but Sgt. J.C. Wickes of the Vienna police showed

photos of roof shingles that still had moss and mold on them. Phillips said Wharton "totally disputes that."

In February, police in Fairfax City arrested a similar crew from Culpeper for promising repairs, not doing them and allegedly collecting more than \$50,000. Charges against three people are pending. Police in Arlington also are investigating the woodchucks for similar scams, and as the dollar figures climb, federal investigations might begin.

"With our demographics becoming a bit more grayer," said Lt. Gun Lee of the Fairfax County police, "this is a lot more sensitive of a crime. These guys are really taking advantage of these poor folks."

The scam is not necessarily new, and the term "woodchucks" goes back so far in police lore that some aren't sure where it came from, though it's possibly related to a tree service that had that name on a mobile wood-chipper. Although the crews can make big money fast, police said they spend it just as fast on drugs such as oxycontin and methamphetamine, creating a need to go back to victims for more money. One woodchuck, arrested on an unrelated charge, called one of his victims in hopes she would post his bail.

Fairfax Assistant Commonwealth's Attorney Jeremy Balint said that once Wharton or his friends found a vulnerable woman, they would "spread the word" in Culpeper and Madison counties. "In that way, a single homeowner was victimized by several different groups of woodchucks," Balint said.

Lee said residents must ask anyone who knocks on their door, " 'Do you have a solicitor's license?' If not, call 911. We'll come and check it out."

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## **Their Parents' Keepers**

*By Paula Span*

Special to The Washington Post

Tuesday, June 16, 2009

As the elderly live longer, with more serious ailments, children step up to the difficult task of care -- and often find it unexpectedly rewarding.

My father and I were waiting in the director's office for our tour to begin. With a recent haircut, he looked almost dapper despite the two hearing aids.

I admired the way he'd put together a life since my mother died. He had good friends, played cards several nights a week, faithfully attended services at his synagogue,

shopped and cooked for himself. With prescriptions to keep his cholesterol and blood sugar in line, he was relatively healthy.

Yet how long could we be this fortunate? He was 83 then. Sooner or later, my sister and I knew, he'd need more help.

Nobody wants to have to face such questions. Yet we want to do the best we can for the people who did the best they could for us. Maybe this assisted-living place was where Dad would want to be, when the time came.

It might be several years before he needed assisted living, but he also might have a health crisis and need a nursing home next week. Uncertainty was built into the process.

We prepare for other major changes in life (marriage, parenting, retirement), but this one, caring for our aging parents, seems to take us by surprise. It shouldn't: Two-thirds of seniors will need some form of long-term care. I hoped I could be at least semi-prepared.

I noticed in my late 40s that conversations with friends I ran into at the gym or the supermarket had begun to change. We once recommended pediatricians, debated the best science teachers, traded gossip about college admissions.

Now every other exchange seemed to concern parents. Geriatricians instead of pediatricians. Not SATs, but ADLs (activities of daily living, an assessment of how much assistance seniors need).

"We are living in an age like no other, and everybody is trying to feel their way through it," says Suzanne Mintz of the National Family Caregivers Association.

What has changed? Our parents live longer, largely because deaths from heart disease and strokes have dropped sharply. Men who turn 65 can anticipate 17 more years, and women 20 more.

Happily, disability rates in the older population show a clear downward trend over the past two decades, even among those older than 75. Yet disability eventually will come to most of our parents, even if it comes later in life.

When it does, it can be more severe than in the past. The proportion of seniors needing help with more than three ADLs -- being able to bathe, dress and feed oneself; to get in and out of bed; and to use a toilet -- has increased. Only a few decades ago, frail seniors may not have survived; now that more do, they need more assistance.

And we're elected.

Fewer than 5 percent of the elderly live in institutions. Nursing home use has been falling for 20 years. Overwhelmingly, the people taking care of seniors are the people who

always have: their families. "If families were not available," says Lynn Feinberg of the Family Caregiver Alliance, "the whole health-care system would fall apart."

Assistance for frail elders comes, the majority of the time, from a single individual. More specifically, from a woman: Seven of every 10 adult children who help frail parents are daughters.

Sometimes, our caregiving baptism comes suddenly. We get the phone call everyone dreads: Your dad has had a stroke. But we can also slip into it gradually: Your mother doesn't like to inconvenience the doctor with questions, so you accompany her to office visits; after a while, you're the one making appointments and chasing lab results.

It's especially hard to recognize this transition when parents develop Alzheimer's disease or another form of dementia; they can conceal their lapses, and we may not notice the problem (or want to) until it's inescapable. Perhaps one Thanksgiving your mother, an acclaimed cook all her life, puts the turkey in the oven and forgets to turn it on.

One way or another, it becomes clear that our elders need help. And we step up.

We step up even though we're not terribly well-prepared. Boomers don't know much about long-term care, an AARP survey found a few years ago. The majority thought Medicare would pay for extended nursing home stays or for assisted living; neither is true.

We're reluctant to even ask our parents about their wishes should they become disabled or face serious illness (and so, sadly, are many of their doctors). "Most Americans don't talk about those things and don't want to," Feinberg says. My father, with his signed health-care proxy and power of attorney, is unusual; only a minority of Americans have put anything in writing.

We step up though the work is harder. Hospital stays keep getting shorter, so patients are discharged sicker and quicker, and their helpers' responsibilities extend well beyond household chores. "Families are being asked to take on tasks that would make nursing students tremble," Feinberg says.

Increasingly, "caregiving at home has come to take on many of the aspects of a mini intensive-care unit," one group of experts concluded.

We step up though most of us have jobs. For years, economists warned that women entering the work force would become unavailable as unpaid caregivers for the elderly. Plausible -- but untrue. Family caregiving continues at high levels, though more than half of adult children who help elderly parents also work full time, and 10 percent part time.

That can exact a steep toll. Most caregivers with jobs report sometimes having to arrive late or leave early; smaller proportions take leaves, cut back to part-time schedules or turn down promotions. A few even give up their jobs.

Nevertheless, "work doesn't seem to reduce caregiving much," Urban Institute researcher Richard Johnson says. Relatives "just do it. They suck it up. They make the sacrifices."

We step up despite the expense. The out-of-pocket costs of caring for older adults average more than \$5,500 a year, a recent national survey found, causing about a third of caregivers to dip into their savings, cut back on home maintenance, or reduce saving for their own futures.

We step up even if we have children at home. Boomers deferred childbearing, so they can have dependents at both ends of the age spectrum -- the sandwich generation.

We step up even if we're elderly ourselves. Most adult children caring for parents are in their 40s and 50s. But seniors' lengthening life spans and declining disability rates mean that by the time they need our help, we may be close to or in retirement.

It's a good thing we do step up. Attempting to pay for the hours that families voluntarily devote to caregiving, which AARP valued at \$350 billion in 2006, would break the national treasury. "Family caregiving is essential," Feinberg says. "And under-recognized."

"If you get depressed about the way things are going in the world, just look at the people caring for their family members, the lengths they go to; there's nothing they won't do," says David Ekerdt, who directs the University of Kansas gerontology center. "It can pull you out of any funk about the state of humanity."

The catch-all phrase gerontologists use to describe the role's difficulties is "caregiver burden." It isn't universal or even typical; lots of caregivers cope with the demands quite well. But 10 to 30 percent carry the highest level of burden, according to a national survey by AARP and the National Alliance for Caregiving. These were the people who devoted the greatest amount of time, had the most demanding duties and felt trapped.

Intensive caregiving is associated with poorer health: Caregivers report such chronic conditions as heart disease, arthritis and diabetes at almost twice the rate of those who aren't caring for sick or disabled family members.

The emotional effects are also well documented: Caregivers have more depression, may feel isolated and overwhelmed, sometimes sacrifice vacations, hobbies, time for friends. Particularly taxing and distressing is caring for an elderly person with dementia.

But there are also rewards. The phenomenon called "caregiver gain" doesn't appear nearly as often in academic journals as caregiver burden, but it exists. And it helps explain why people shoulder this task.

Adult children caring for their parents describe pride in being able to meet the challenges, they talk about feelings of competence and mastery, a sense of purpose. The role's more

enjoyable aspects (closer family relationships, warmth and intimacy) can coexist with its undeniable pressures.

"Time with Papa helped me to slow down and breathe," one daughter-in-law reflected after his death at 100. "He helped me to take out my mandolin after dinner and play a few tunes. He helped me take a walk and smell the lilacs. . . . The pace of my life since he has passed is going all too fast."

I hesitate to applaud too loudly for the way families care for their senior members, because I'm reluctant to reinforce the status quo. It shouldn't be so challenging to undertake this mission. A great many families need more help than they get, know where to find, or can afford. Support groups take them only so far; tax credits, flexible workplaces and shifts in Medicaid policies might help more.

Still, I do applaud. When I see how they rise to the demands, I'm awed.

What might help prepare us to shoulder this task? We don't need to start collecting assisted-living brochures when our parents turn 75; their lives and situations are too varied for that. But beginning to learn the landscape of elder care -- understanding in a general way what Medicare pays for and doesn't, finding out about new professions such as geriatric care managers and about institutions such as adult day services -- can make the future less bewildering.

Most of all (and sometimes hardest of all), we can begin the important conversations with our parents, discuss their preferences as they age, investigate some of the options for when they need more help, get the important legal documents (such as powers of attorney and living wills) in place. We'll be grateful for these talks later on.

In my own family, we've been lucky. My dad now uses a walker, but he's still managing quite nicely in his own apartment at 86.

I know, though, that such luck rarely lasts a lifetime. I'm a caregiver-in-waiting.

*This article was adapted from Paula Span's new book, "When the Time Comes." For more information about the book, go to <http://www.paulaspan.com>. Comments: [health@washpost.com](mailto:health@washpost.com).*

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## **Fairfax Area Agency on Aging Information.**

For those of our readers who are unfamiliar with this organization, the Agency on Aging is Fairfax County's principal point of contact for all matters related to aging.

It is involved in a wide array of activities, such as adult education, caregiving, consumer assistance, counseling and support, day care and respite services, disability services, financial assistance, and many more.

You can contact the Agency by telephone at (703) 324-7948. A complete list of this agency's activities can be viewed online at the agency's website:

[www.fairfaxcounty.gov/aaa](http://www.fairfaxcounty.gov/aaa).

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**Let Us Hear From You** - Our ability to provide the services we propose is totally dependent upon hearing from you. We need to know who you are, the kind of services that interest you, whether you are willing to help the TIPS organization as a Volunteer helping your neighbors in the Clifton and Fairfax Station areas. Please print out this page, complete it, and mail it to us. **We Need Your Input. Thank you!**

**TIPS Indication of Interest Form**

**Membership:**

I want to become a Member of CFS-TIPS and start receiving Phase I senior services in 2009. My check for \$100 for couples, \$50 for singles for a year's membership is attached. Yes \_\_\_\_\_

I want to become a Charter Member of CFS-TIPS by and start receiving Phase I senior services in 2009. My check for \$200 for couples, \$100 for singles, for two year's membership is attached. *This will help provide the working capital to launch the program and services.* Yes \_\_\_\_\_

I want to become a member of CFS-TIPS at a later date and desire to keep in touch with CFS-TIPS activities and growth. Yes \_\_\_\_\_

If you know others who might be interested in the TIPS program, please make copies of this page and share them with your friends or neighbors. If you prefer we contact them, please add their names, addresses and phone numbers of the back of this form.

**Supporting CFS-TIPS:**

Are you interested in joining the Board of Directors and assisting CFS-TIPS? Yes \_\_\_\_\_

Are you interested in volunteering to help seniors receive services through CFS-TIPS? Yes \_\_\_\_\_

**Contributions:**

Will you be willing to make a tax-deductible donation to CFS-TIPS to help in further developing the senior services?

- Founding Donors: for donations of \$1,500 and more,
- Golden Circle: for donations of \$1,000 and more,
- Patron: for donations of \$500 and more,
- Sponsor: for donations of \$250 and more,
- Friends of TIPS: for donations of less than \$250.

**Type and Specific Services you feel are needed most?**

\_\_\_\_\_

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Use the back of this form for additional services and/or comments.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please return this form to CFS-TIPS at PO Box 311, Clifton, VA 20124