Western Connecticut Area Agency on Aging

WCAAA Crier

July 2017 Quarterly

INSIDE THIS ISSUE

Staff Editor:
Judy Frank Fournier

Free Lunch and Screening of LGBT Documentary, Gen Silent

The generation that fought hardest to come out of the closet is going back in to survive

On Wednesday, Sept. 27 at 12 noon, the Western Connecticut Area Agency on Aging (WCAAA) and AARP CT will sponsor a free luncheon, panel discussion and showing of Gen Silent, the critically acclaimed documentary by filmmaker Stu Maddux that asks six LGBT seniors if they will hide their lives in order to survive in the health care system. The event takes place at the Heritage Village Activities Building, 11 Heritage Way in Southbury, and is hosted by Gay Heritage. In a review of Gen Silent, The Austin Chronicle declared, "This eye-opening film should be required viewing for health care providers at every level."

Gen Silent shares stories of LGBT and older adults in Greater Boston dealing with the challenges and hopes of growing older. Since 2010, this landmark movie has inspired a worldwide movement of LGBT and aging advocates to create safe and welcoming community experiences for older adults and caregivers.

Gay, Lesbian, Bisexual and Transgender older people who fought the first battles for equality now face so much fear of discrimination, bullying and abuse that many are hiding their lives to survive. Thousands are dying earlier than their straight counterparts because they are isolated and afraid to ask for help. But a growing number of people are fighting to keep LGBT aging from meaning aging in silence.

A free catered luncheon will be served at 12 noon, followed by the film at 1 pm and a panel/community conversation afterward. Due to limited seating, reservations are required. All ages are welcome. Please call 877-926-8300 or go to https://aarp.cvent.com/GenSilent927 to make your reservations.

Article by Debby Horowitz, WCAAA Staff

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OVER 60 BILLION IN MEDICARE FRAUD ……. "HELP"

Medicare Fraud is at an all Time High. YOU can help fight Medicare Fraud by checking your Medicare Summary Notice, it's not a bill. It's a summary notice that people with Original Medicare get in the mail every 3 months for their Medicare Part A and Part B-covered services. (If you have seen a doctor, been hospitalized, received durable medical equipment [such as wheel chair, hospital bed, walker], lab work, received therapy or any other Medicare provided service.) Note: If you have received durable medical equipment and return it, make sure that you are not continuing to be billed for it. If you have only received three weeks of therapy, make sure you are not billed for more, make sure you are billed only for services provided to you.

Within your Medicare Summary Notice is the Explanation of Benefits, (EOB). This simply explains how your benefits were applied for a particular claim. It includes the date you received the service, amount billed, amount covered, amount of insurance you may have paid and any balance you're responsible for paying the provider. This notice will say "THIS IS NOT A BILL". It also tells you how much has been credited toward any required deductible. Each time you receive an EOB, review it closely and compare it to the receipt or statement from your provider. Look for services that you didn't receive or are possibly being billed twice for the same service. This is how you can HELP.

Report anything suspicious to Medicare, 800-633-4227 or call the Senior Medicare Patrol at the Western CT Area Agency on Aging at 203-757-5449 x 160. Call the Senior Medicare Patrol if you are not sure how to read your notice. WE ARE HERE TO HELP YOU FIGHT MEDICARE FRAUD.

Article by: Dawn Macary, WCAAA Staff
Information Source: www.medicare.gov

REACH VA Program

The REACH VA Program is an opportunity for Caregivers of Veterans to take better care of themselves and their loved ones by providing important information in the challenging areas of caregiving, and building their skills in stress management, mood management, and problem-solving.

The trained and certified REACH VA Program Coach usually provides four individual sessions with the Caregiver over a period of 2 to 3 months, extending the number of sessions if both the Coach and Caregiver feel there is more work to do. The sessions normally last about an hour each and may be held face to face, over the telephone, or over telehealth video conferencing.
To be eligible for the REACH VA Program, the Caregiver must be caring for a Veteran or a Veteran caring for a loved one, where the Veteran is receiving services at the VA. Caregivers receive a Caregiver Notebook, which is the first resource for caregiver issues and challenges, for stress management, mood management, and problem-solving. REACH VA is available for Caregivers of Veterans diagnosed with: ALS, Dementia, MS, PTSD, or Spinal Cord Injury/Disorder.

The REACH VA Caregiver Program is designed to assist Caregivers of Veterans with challenges such as Taking Care of Yourself, Problem Solving, Mood Management, Asking for Help, and Stress Management.

- REACH VA provides education, a focus on safety for the patient, support for the caregiver, and skills building to help Caregivers manage difficult patient issues and decrease their own stress.
- REACH has been shown to significantly improve caregiver quality of life – caregiver burden, depression/emotional well-being, self-care and healthy behaviors, social support, and management of care recipient problem behaviors.
- REACH VA is an effective intervention to decrease caregiver stress and improve the management of Veteran concerns.
- The goal of REACH VA is to decrease Caregiver stress and improve the management of patient behaviors throughout the VHA system.
- EACH VA Coaches help Caregivers of Veteran loved ones care for themselves, too.
- REACH VA Coaches help Caregivers build caregiving strength and stay strong.

Ask your Caregiver Support Coordinator about the REACH VA Program 1/955-260-3274.

Information source: www.caregiver.va.gov

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"Become a BRASS Member"

There are approximately 23,669 seniors living in Waterbury. That makes up about 21% of the city's population. The CT Community Foundation and The City of Waterbury have bonded together with New Opportunities Inc. and the WCAAA to form BRASS-Bringing Resources to Action to Serve Seniors.

The three components of BRASS are **Advocacy, Benefits,** and **Activities**. Danessa Marshall is the Municipal Agent for the Elderly and Director of the Waterbury Senior Center, and ultimately **advocates** for any senior in Waterbury who needs help voicing their concerns and needs. She and I work closely on many difficult cases of seniors who may be struggling with basic needs and don't know who to turn to for help.

I represent BRASS's second component of ***benefits***. Health insurance can be difficult to navigate and understand. You can pick the subject apart, and still have questions left without answers. My position as BRASS Information and Benefits Specialist is designed to be a direct resource and contact person for older adults in Waterbury, who run into confusion and may need an unbiased opinion to help them decide what coverage would best meet their needs. In addition to health insurance help, I have been able to provide seniors with information on housing, energy assistance programs, state assistance applications, in-home services, food and nutrition services, and so much more.

Paola Vargas is the Program Coordinator from New Opportunities, Inc, and the third BRASS component: ***Activities***. She develops program activities for our 8 BRASS sites, including Waterbury Senior Center, Hispanic Coalition, Silas Bronson Library, Mt. Olive Senior Center, Greater Waterbury YMCA, Mattatuck Museum, St. Margaret's Willow Plaza, and Mt. Carmel's Forever Young. These classes and activities promote overall wellness and health for Waterbury's BRASS members. She has also worked with each site in providing educational and training opportunities, understanding that it is never too late to learn something new!

If you are a senior Waterbury resident, and are interested in being a part of a growing community, please call me at the Western CT Area Agency on Aging for application information. Please ask about our BRASS Newsletter, which promotes upcoming events and classes at a senior center near you. YOU are BRASS, and you motivate us every day.

Article by Francesca Robles, WCAAA Staff

The Connecticut Tech Act Project's Assistive Technology Loan Program

The Connecticut Tech Act Project's Assistive Technology Loan Program (ATLP) assists Connecticut residents with disabilities and older adults to obtain assistive technology devices and services they need to enhance independence and productivity in the community, education and employment. Eligible applicants may borrow from $500 - $30,000, at a lower interest rate, for up to 10 years depending on the life of the device. The ATLP can be used for a broad range of devices such as assistive listening devices, magnifiers, computers and software, scooters, stair lifts, modified vehicles, and much more. To find out more about the Assistive Technology Loan Program visit www.CTtechact.com/loan or call 860-424-5619.

COMMUNICATION

Do you care for an older adult and find yourself frustrated because communication with them has become more difficult? If so, you are not alone. Here are a few key communication tips when dealing with an older adult.

Have conversations in a quiet location; turn off the radio or TV, face the person you are talking with and be sure there is light on your face, speak slowly and clearly, but don't shout, use language that is simple and direct, address one topic at a time; don't jump around from one thing to another, and don't argue! Change the conversation to more pleasant topics. For more information on available help for caregivers Call WCAAA at 1-800-994-9422 or 203-757-5449 that's 757-5449.

The IRS Scams Are Still Alive, Don't Get Caught!

This is one subject that you have to hear over and over again, because it continues to happen and isn't going away soon. An aggressive and sophisticated phone scam targeting taxpayers, including recent immigrants, has been making the rounds throughout the country. Callers claim to be employees of the IRS, using fake names and bogus IRS identification badge numbers. They may know a lot about their targets, and they usually alter the caller ID to make it look like the IRS is calling. Victims are told they owe money to the IRS and it must be paid promptly through a pre-loaded debit card or wire transfer. Victims may be threatened with arrest, deportation or suspension of a business or driver's license. In many cases, the caller becomes hostile and insulting. Or, victims may be told they have a refund due to try to trick them into sharing private information. If the phone isn't answered, the scammers often leave an "urgent" callback request. We have received calls from many clients upset that this is happening to them.

They have even begun to try and scam deaf and hard of hearing individuals, NO ONE IS SAFE from these IRS Scams.
Once again please remember that the **IRS WILL NEVER**

- Call to demand immediate payment using a specific payment method such as a prepaid debit card, gift card or wire transfer. Generally, the IRS will first mail you a bill if you owe any taxes.
- Threaten to immediately bring in local police or other law-enforcement groups to have you arrested for not paying.
- Demand that you pay taxes without giving you the opportunity to question or appeal the amount they say you owe.
- Ask for credit or debit card numbers over the phone.

Remember: Scammers Change Tactics -- Aggressive and threatening phone calls by criminals impersonating IRS agents remain a major threat to taxpayers, but variations of the IRS impersonation scam continue year-round and they tend to peak when **scammers find prime opportunities to strike**.

DON'T LET THEM CATCH YOU! To report IRS fraudulent activity contact Treasury Inspector General Administration (TIGTA) www.tigta.gov or call the Senior Medicare Patrol at the Western CT Area Agency on Aging at 203-757-5449 x 160.

Article by: Dawn Macary, WCAAA Staff
Information Source: irs.gov

Getting Your Affairs in Order

Do you know where all your important papers are? Have you appointed someone to speak on your behalf if you cannot do so? Many people wait too long to make decisions about their personal affairs. Everyone should have a living will, which describes the kind of medical or life-sustaining treatments you would want if you were comatose or terminally ill, and unable to communicate with your doctor. A health care appointment identifies the person whom you have chosen to make health care decisions on your behalf if you are unable to do so. A last will and testament allows you to give instructions about money and property distribution upon your death. It is advised to consult with a lawyer in drawing up all important legal documents. To learn more, please contact a private attorney or call the Western CT AAA agency at 1-800-994-9422.

Dear Marci

I recently enrolled in premium-free Part A, but learned that I will have to pay a premium for Part B. **Could I get some information on Medicare Savings Programs**, which I'm told would cover my Part B premium?
- Toshio (Philadelphia, PA)

Dear Toshio,
The Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs, are state programs that assist you with paying your Medicare costs. The names of these programs may vary by state. MSPs are not available in Puerto Rico and the U.S. Virgin Islands. The programs include premiums, deductibles, coinsurance charges, and copayments. There are three MSPs, each with different federal income and asset eligibility limits. States can raise these limits to be more generous, which allows more people to qualify for the benefits. All three MSPs cover your Part B premium, which means your monthly Social Security check will increase by the amount you currently pay for your Part B premium if you qualify for and enroll in one of these programs.

1. **Qualifying Individual (QI):** QI pays for your Part B premium and provides three months retroactive Part B premium reimbursement from the month of application. Note: you cannot have Medicaid and QI.

2. **Specified Low-Income Medicare Beneficiary (SLMB):** SLMB pays for your Part B premium and provides three month retroactive Part B premium reimbursement from the month of application. Note: you can have Medicaid and SLMB.

3. **Qualified Medicare Beneficiary (QMB):** QMB pays for your Part B premium and Medicare deductibles, coinsurance charges, and copayments. If you have a Medicare Advantage Plan, QMB pays for your plan's cost sharing. The program also pays for your Part A premium if you do not qualify for premium-free Part A. It does not provide three months retroactive Part B premium reimbursements; benefits start the first of the month after the month you are approved for the program. Note: you can have Medicaid and QMB, but you cannot buy a Medigap once you are enrolled in QMB.

To verify your eligibility, a State Health Insurance Assistance Program (SHIP) counselor can work with you to see if you meet the income and asset limits in your state. To apply for an MSP, you will need to apply to your local Medicaid office or other state agency that receives MSP applications. You or a SHIP counselor can contact the local Medicaid office to learn how to apply. Many states allow you to submit your application online, through the mail, and/or through community-based organizations. Some states may require that you schedule an appointment and go in person to the Medicaid office to apply.

You will need to gather documentation for the application. The list of needed documents varies by state. Some examples of required documentation are:

- Social Security card
- Medicare card
- Birth certificate, passport, or green card
- Proof of address, such as a utility bill
- Proof of income, such as a Social Security Administration award letter, pay stub, or income tax return
- Information about assets, such as bank statements or life insurance policies

You should make a copy of the application before submitting it. Once you have applied, your state Medicaid program should send you a notice within about 45 days to let you know if your application was approved or denied. If you are approved for the MSP, you should begin to receive benefits on the date listed on the notice you receive. If there are any issues with your benefit, or if you have not received any decision from your state within 45 days, you should contact the Medicaid office where you applied. Contact your SHIP with any questions about applying. Good luck, Toshio.
- Marci

This information is reprinted with permission from the Medicare Rights Center. For more information visit www.medicarerights.org. You can also visit their free online resource, Medicare Interactive at www.medicareinteractive.org.

What is a Representative Payee?

More than eight million people who get monthly Social Security or Supplemental Security Income (SSI) benefits, **need help managing their money.** In these cases, Social Security can appoint a relative, friend, or other interested party to serve as the "representative payee". They thoroughly investigate those who apply to be representative payees to protect the interests of Social Security beneficiaries, because a representative payee receives the beneficiary's payments and is given the authority to use them on the beneficiary's behalf.

Helping you manage your new responsibility If you agree to serve as a representative payee, you've taken on an important responsibility that can make a positive difference in the beneficiary's life. As a representative payee, you must know what the beneficiary's needs are so you can decide the best use of benefits for their care and well-being. This is especially important if the beneficiary doesn't live with you. The law requires representative payees to use the benefits properly. If a payee misuses benefits, they must repay the misused funds. A payee who's convicted of misusing funds may be fined and imprisoned.

Social Security will **appoint a representative payee to manage Social Security funds only.** A payee has no legal authority to manage non-Social Security income or medical matters. A representative payee, however, may need to help a beneficiary get medical services or treatment.

Family members often use a power of attorney as another way to handle a family member's finances. For Social Security purposes, a **power of attorney isn't an acceptable** way to manage a person's monthly benefits. Social Security recognizes only the use of a designated representative payee for handling the beneficiary's funds.

How you must use monthly benefits. First, you must take care of the beneficiary's day-to-day needs for food and shelter. Then, you must use the money for the beneficiary's medical and dental care. After you've provided for the beneficiary's basic needs, you may spend the money to improve the beneficiary's daily living conditions or for better medical care. You may decide to use the beneficiary's funds for major health-related expenses, if they're not covered by the beneficiary's health insurance. Examples of these expenses are reconstructive dental care, a motorized wheelchair, rehabilitation expenses, or insurance premiums. You could use the money to arrange for the beneficiary to go to school or get special training.
You may also spend some money for the beneficiary's recreation, such as movies, concerts, or magazine subscriptions.

Special purchases/Improve daily living conditions. You may want to make some of the following special purchases for the beneficiary.
A home — Use funds for a down payment. Use the money for payments on a house owned by the beneficiary.
Home improvements — Pay for repairs and changes to make the beneficiary's home safer and more accessible; for example, install a ramp or widen doorways for wheelchair access.
Furniture — Buy furniture for the beneficiary's personal use. You can buy items such as a television the beneficiary can share with others in the household.
A car — Use funds for a down payment. Use the money for monthly car payments as long as the car is used for and owned by the beneficiary.

If you're not sure if it's okay to use money for a specific item (for example, paying a bill owed before you became payee), contact Social Security before you spend the money. More information about being a payee is available in the Guide for Organizational Representative Payees (Publication No. 17-013) available at www.socialsecurity.gov/payee or from any local Social Security office. You can also order a copy by calling 1-800-772-1213 (TTY 1-800-325-0778).

Article by: Dawn Macary, WCAAA Staff
Information Source: SSA.GOV

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Mental Health Care (Inpatient)

How often is it covered? Medicare Part A (Hospital Insurance) covers mental health care services in a hospital that requires admission as an inpatient. You can get these services either in a general or psychiatric hospital that only cares for people with mental health conditions. If you're in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime. **Medicare doesn't cover:** private duty nursing, a phone or television, personal items, a private room (unless medically necessary). **Who's eligible?** All people with Part A are covered.

Your costs in Original Medicare:

- $1,316 deductible for each benefit period.
- Days 1–60: $0 coinsurance per day of each benefit period.
- Days 61–90: $329 coinsurance per day of each benefit period.

continued on page 7

Mental Health Care (Inpatient) *continued from page 6*

- Days 91 and beyond: $658 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond lifetime reserve days: all costs.
- 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.

NOTE: There's no limit to the number of benefit periods you can have when you get mental health care in a general hospital. Remember, Medicare will only pay 190 days as an inpatient stay in a psychiatric hospital per lifetime.

What Is a Benefit Period? The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. It begins the day you're admitted as a inpatient and ends when you haven't received any inpatient hospital or SNF care for 60 days in a row. If you go into a hospital or SNF after one period ends, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

NOTE: Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

Mental health care (outpatient)

How often is it covered? **Medicare Part B (Medical Insurance)** covers mental health and drug abuse services and visits with these types of health professionals:

- Psychiatrist or other doctor
- Clinical nurse specialist
- Clinical psychologist
- Nurse practitioner
- Clinical social worker
- Physician assistant

Medicare only covers these visits, often called **counseling or therapy**, when they're provided by a health care provider who accepts assignment. Part B covers outpatient mental health services, including services that are usually provided outside a hospital, like in these settings:

- A doctor's or other health care provider's office
- A hospital outpatient department, A community mental health center

Part B also covers outpatient mental health services for treatment of inappropriate alcohol and drug use.

Part B helps pay for these covered outpatient services for all beneficiearies with Part B:

- One depression screening per year. The screening must be done in a primary care doctor's office or primary care clinic that can provide follow-up treatment and referrals.
- Individual and group psychotherapy with doctors or certain other licensed professionals allowed by the state where you get the services.
- Family counseling, if the main purpose is to help with your treatment.
- Testing to find out if you're getting the services you need and if your current treatment is helping you.
- Psychiatric evaluation.
- Medication management.
- Certain prescription drugs that aren't usually "self administered"(drugs you would normally take on your own), like some injections.
- Diagnostic tests.
- Partial hospitalization.
- A one-time "Welcome to Medicare" preventive visit. This visit includes a review of your potential risk factors for depression.
- A yearly "Wellness" visit. This is a good time to talk to your doctor or other health care provider about changes in your mental healt so they can evaluate your changes year to year.

Your costs in Original Medicare:

- You pay nothing for your yearly **Depression Screening** if your doctor or **health care provide**r accepts assignment and sends correct code to Medicare.
- 20% of the Medicare-approved amount for visits to a doctor or other **health care provider** to **Diagnose or Treat** your condition and sends correct code to Medicare. The Part B **deductible** applies.
- If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.

continued on page 8

Mental Health Care (Inpatient) *continued from page 7*

NOTE To find out how much your specific test, item, or service will cost, talk to your doctor or other health care provider. The specific amount you'll owe may depend on several things, like: other insurance you may have, How much your doctor charges, whether your doctor accepts assignment, the type of facility, the location where you get your test, item, or service.

NOTE Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

NOTE **If you or someone you know is in crisis, call the National Suicide Prevention Lifeline** at 1-800-273-TALK (1-800-273-8255). TTY: 1-800-799-4TTY (1-800-799-4889). You can call and speak with a counselor 24 hours a day, 7 days a week.

Call 911 if you're in immediate medical crisis.

Article by Judy Frank Fournier, WCAAA Staff, 7/13/17
Information source: Medicare.gov/ Publications/Medicine and Your Mental Health

Disaster Preparedness

Do you know what to do in an emergency situation? Who to call, where to go and what supplies to have on hand? If no, you are not alone. This is the time of the year where you need to be prepared for any weather event that may suddenly occur. One simple step that you can take to help prepare for a worst case scenario is assembling a disaster supply kit. Recommended items include water, non-perishable foods, can opener, radio, flashlight, first aid supplies, prescriptions and a change of clothes.

For more information on Disaster Preparedness contact your local health department, the American Red Cross or Call WCAAA at 1-800-994-9422 or 203-757-5449.

What You Need to Know about Your Medicines

Talk with your doctor, nurse, or other healthcare provider before starting a new medicine. Go over your allergies and any problems you have had with other medicines, such as rashes, trouble breathing, indigestion, dizziness, or mood changes. You will also want to find out whether you'll need to change or stop taking any of your other prescriptions or over-the-counter drugs while using this new medicine. Mixing some drugs can cause serious problems. (For instance, it is dangerous to use aspirin when taking a blood-thinning medicine.) When starting a new medication, make sure to write down the name of the drug and why it's being prescribed for you. Also, make note of any special instructions for how to take the medicine.

Questions to Ask Your Doctor About a New Medicine

- How many times a day should I take it? At what time(s)? If the bottle says take "4 times a day," does that mean 4 times in 24 hours or 4 times during the daytime?
- Should I take the medicine with food or not? Is there anything I should not eat or drink when taking this medicine?
- Will this medicine cause problems if I am taking other medicines?
- What does "as needed" mean?
- When should I stop taking the medicine?
- If I forget to take my medicine, what should I do?
- What side effects can I expect? What should I do if I have a problem?

How Can a Pharmacist Help? A pharmacist can answer many of your questions about prescriptions and over-the-counter drugs. Try to have all your prescriptions filled at the same pharmacy so your records are in one place. This will help alert the pharmacist if a new drug might cause a problem with something else you are taking. If you're not able to use just one pharmacy, show the pharmacist at each pharmacy your list of medicines and over-the-counter drugs when you drop off your prescription.
When you have a prescription filled:

- Tell the pharmacist if you have trouble swallowing pills. There may be liquid medicine available. Do not chew, break, or crush tablets without first finding out if the drug will still work.
- Make sure you can read and understand the name of the medicine as well as the directions on the container and on the color-coded warning stickers on the bottle. If the label is hard to read, ask your pharmacist to use larger type.
- Check that you can open the container. If not, ask the pharmacist to put your medicines in bottles that are easier to open.
- Ask about special instructions on where to store a medicine. For example, should it be kept in the refrigerator or in a dry place? Check the label on your medicine before leaving the pharmacy. It should have your name on it and the directions given by your doctor. If it doesn't, don't take it, and talk with the pharmacist.

Generic or Brand Name–What's the Difference? Most generic and brand-name medicines act the same way in the body. They contain the same active ingredients—the part of the medicine that makes it work. A generic drug should be just as safe as a brand-name drug. They should both be of equal strength and quality. You take a generic drug the same way as a brand-name drug.

Keeping Track of Your Medicines: Here are some tips to help you keep track of all your medicines:

- **Make a list.** Write down all medicines you take, including over-the-counter drugs and dietary supplements. The list should include the name of each medicine, amount you take, and time(s) you take it. If it's a prescription, also note the doctor who prescribed it and reason it was prescribed. Show the list to all of your healthcare providers including physical therapists and dentists.
- **Create a file.** Save all the written information that comes with your medicines so you can refer back to it, as needed.
- **Check expiration dates on bottles.** If a medicine is past its expiration date, you may be able to dispose of it at your pharmacy. Or check with your doctor about how to safely discard it. Your doctor can also tell you if you will need a refill.
- **Keep medicines out of reach of young children.**

Taking Medicines Safely: Here are some tips to help you take your medicines safely:

- **Follow instructions.** Read all medicine labels. Make sure to take your medicines the right way. For example, don't use an over-the counter cough and cold syrup if you only have a runny nose and no cough.
- **Use the right amount.** Don't take a larger dose of a medicine thinking it will help you more. It can be very dangerous, even deadly. And, don't skip or take half doses of a prescription drug to save money.
- **Take medicine on time.** Some people use meals or bedtime as reminders to take their medicine. Other people use charts, calendars, or weekly pill boxes.
- **Turn on a light.** Don't take medicine in the dark; otherwise, you might make a mistake.
- **Report problems**. Call your doctor right away if you have any trouble with your prescription or over-the-counter medicine.
- **Avoid drinking alcohol.** Some medicines may not work correctly or may make you sick if alcohol is in your body.
- **Check before stopping.** Take prescription medicine until it's finished or until your doctor says it's all right to stop. Note that some medicines are supposed to be taken only "as needed."
- **Don't share.** Do not take medicines prescribed for another person or give yours to someone else.

Information source:
National Institute on Aging Information Center
P.O. Box 8057, Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free), 1-800-222-4225 (TTY/toll-free) niaic@nia.nih.gov (email), www.nia.nih.gov/health

What About Those Ads on TV?

What about those ads that you continually see on TV. "Get a free back or knee brace, Medicare will Pay, just give us a call on the toll free number to get the ball rolling. We will walk you through a quick, easy eligibility check with your Medicare Providers. We help you place the order to get your pain relieving supports out to you. The full cost will be billed to Medicare."

It's not quite that easy. In order to get one of these braces, you need a prescription from your doctor. The supplier trying to sell you must check with your doctor after you have given them your Medicare number. Your doctor must certify that you need one of these, but on many occasions these scammers are speaking to a nurse who OK's it. You get the brace in the mail, it may cost the supplier about $19.95 and they bill Medicare $199 - $500. If you think you need one of these braces discuss it with your doctor. These are covered under Medicare Part B, You want to make sure your doctor prescribes it for you so you can go to a reputable supplier. Call the Western Ct Area Agency, 203-757-5449, Senior Medicare Patrol for more information.

Article by Dawn Macary, WCAAA Staff

Re-cycling

New Partnership with NEAT Center

The WCAAA and the NEAT Center are partnering on re-cycling of gently used durable medical equipment. Consumers can:

- **Donate gently used durable medical equipment (walkers, wheelchairs, bath chairs, etc.)**
- **Purchase quality refurbished equipment for less than half of new!**

NEAT will pick-up larger items at your home, like hospital beds, powerchairs, etc. for free . Please call Charlene at 203-757-5449 to make an appointment and for information. No items will be accepted without an appointment.

NO WALK-INS, PLEASE!

The WCAAA is producing a booklet on Medicare and other scams to help seniors stay safe.

Call the WCAAA for a free copy as soon as it is printed.

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Need home care help caring for a senior family member with Alzheimer's disease or dementia diagnosed by an Md.? Call the WCAAA to **find out about allowable services under the state funded Alzheimer's Respite Care Program.**

Eligibility requirements are: maximum of $44,725/year and $118,905 in assets for the person receiving the home care. Assets do not include a car or house being lived in by the person with dementia or Alzheimer's disease. Service care plans can average up to $3,500 per year.

Call the WCAAA for more information (203) 757-5449.

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ELDERLY PUBLIC HOUSING OPEN WAIT LIST
BOROUGH OF NAUGATUCK HOUSING AUTHORITY

The Naugatuck Housing Authority's waiting list is open and accepting applications for Elderly Housing at The Robert E. Hutt, Congregate Complex located at 480 Milville Ave. All units are efficiencies and single occupancy. Each unit includes rent, heat, hot water and electricity. Also included is one Meal per day, light housekeeping once a week and 24/7 on site Security Guard. To qualify you must be age 62 or older. Annual income must be at or below $47,600.00 to qualify. Applications will be available at the following location:

The Naugatuck Housing Authority
16 Ida Street
Naugatuck, CT 06770
Hours: M-F 8:00am to 4:30pm.

You may call to request an application to be mailed to you.
(203) 729-8214

Waiting list is very short apply now!

We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

EQUAL HOUSING OPPORTUNITY

PARA UNA TRADUCCION LLAME A LA OFICINA
TELEFONO (203) 729-8214 X-14

Western CT Area Agency on Aging
84 Progress Lane
Waterbury, CT 06705

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This publication/project was supported by the CT State Department of Aging with financial assistance, in whole or in part, through a grant from the Administration for the Community.

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WCAAA Mission Statement

The mission of the Western Connecticut Area Agency on Aging, Inc., an Aging and Disability Resource Center, is to manage and provide comprehensive services for seniors, caregivers and individuals with disabilities through person-centered planning in order to maintain their independence and quality of life.