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INCREASES IN CONNECTICUT AND FEDERAL ESTATE TAX EXEMPTIONS MAKES REVIEWING YOUR WILL AND ESTATE PLAN A TOP PRIORITY IN 2018

Connecticut's passage of its biannual budget in October of 2017 and the recent passage of the Federal Tax Cuts and Jobs Act each included important changes to their estate and gift tax laws. Prior to the passage of the budget, Connecticut allowed a unified estate and gift tax exemption of \$2 million per person, with a \$14,000 annual gift tax exclusion (which increases to \$15,000 in 2018). Its worth noting that Connecticut continues to be the only state that imposes a gift tax. However, the federal unified estate and gift tax exemption was \$5,000,000 (\$5,490,000 in 2017 factoring Federal inflation adjustments). This gap between Connecticut and Federal estate tax exemptions was problematic for some. In an attempt to close this gap, Connecticut has increased its estate and gift tax exemption from \$2,000,000 to \$2,600,000 in 2018, \$3,600,000 in 2019, and then matches the federal estate and gift tax exemption for those dying in 2020 and beyond.

After Connecticut passed its budget, Congress passed the Tax Cuts and Jobs Act which, amongst many other changes to Federal tax law, doubled the Federal estate and gift tax exemption from \$5 million to \$10 million per individual (which, after factoring certain inflation adjustments, results in a \$11.2 million per person exemption in 2018). As a result, Connecticut's estate and gift tax exemption will jump to \$11.2 million in 2020.

What does this all mean for you? Many wills and trusts were drafted using a formula to pass an amount equal to the maximum federal and/or state estate tax exemption to children or to a special "credit shelter trust" of which the children and surviving spouse are beneficiaries, leaving any excess outright to the surviving spouse. With the significantly increased Federal and Connecticut estate tax exemption, this could result in an unanticipated Connecticut estate tax, or in large reduction in the assets being available to your surviving spouse.

It is highly recommended that you consult with your estate planning attorney to ensure that your documents are current. Remember, even if you feel that these changes in the tax law have no relevance to you, it is always recommended to review your documents with your estate planning attorney every 3 - 5 years or whenever there is a change in your family or financial affairs.

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Important Message About the Jimmo Settlement

What is the Jimmo Settlement Agreement (January 2013)?

The Jimmo Settlement Agreement clarified that when a beneficiary needs skilled nursing or therapy services under Medicare's skilled nursing facility (SNF), home health (HH), and outpatient therapy (OPT) benefits in order to maintain the patient's current condition or to prevent or slow decline or deterioration (provided all other coverage criteria are met), the Medicare program covers such services and coverage cannot be denied based on the absence of potential for improvement or restoration. In short, what the Settlement Agreement and the resulting revised manual provisions clarify is that Medicare coverage for skilled nursing and therapy services in these settings does not "turn on" the presence or absence of a beneficiary's potential for improvement, i.e., it does not matter whether such care is expected to improve or maintain the patient's clinical condition. In addition, although such maintenance coverage standards do not apply to services furnished in an Inpatient Rehabilitation Facility (IRF) or a comprehensive outpatient rehabilitation facility (CORF), the Jimmo Settlement Agreement clarified that for services performed in the IRF setting, coverage should never be denied because a patient cannot be expected to achieve complete independence in the domain of self-care or because a patient cannot be expected to return to his or her prior level of functioning. The Jimmo Settlement Agreement provided that these clarifications be included in the Medicare Benefit Policy Manual.

The Centers for Medicare & Medicaid Services (CMS) reminds the Medicare community of the Jimmo Settlement Agreement (January 2013), which clarified that the Medicare program covers skilled nursing care and skilled therapy services under Medicare's skilled nursing facility, home health, and outpatient therapy benefits when a beneficiary needs skilled care in order to maintain function or to prevent or slow decline or deterioration (provided all other coverage criteria are met). Specifically, the Jimmo Settlement Agreement required manual revisions to restate a "maintenance coverage standard" for both skilled nursing and therapy services under these benefits:

Skilled nursing services would be covered where such skilled nursing services are necessary to maintain the patient's current condition or prevent or slow further deterioration so long as the beneficiary requires skilled care for the services to be safely and effectively provided.

Skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist ("skilled care") are necessary for the performance of a safe and effective maintenance program. Such a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration is covered so long as the beneficiary requires skilled care for the safe and effective performance of the program.

The Jimmo Settlement Agreement may reflect a change in practice for those providers, adjudicators, and contractors who may have erroneously believed that the Medicare program covers nursing and therapy services under these benefits only when a beneficiary is expected to improve. The Jimmo Settlement Agreement is consistent with the Medicare program's regulations governing maintenance nursing and therapy in skilled nursing facilities, home health services, and outpatient therapy (physical, occupational, and speech) and nursing and therapy in inpatient rehabilitation hospitals for beneficiaries who need the level of care that such hospitals provide.

Does the Jimmo Settlement Agreement apply to beneficiaries in Medicare Advantage plans? Yes. Medicare Advantage plans must cover the same Part A and Part B benefits as original Medicare, and must also apply the standards for coverage of skilled care as clarified by the Jimmo Settlement Agreement.

www.cms.gov/Center/Special-Topic/Jimmo-Center.html

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If you are new to Medicare and you enrolled in a Medicare Advantage Plan during your initial enrollment period, you can disenroll and switch to Original Medicare at any time during the 12 months following when your Medicare became effective.

“Dementia Friends”—A New Movement in CT

Dementia Friends is a global movement that is transforming the way people think, act, and talk about dementia. This campaign’s goal is to tackle the stigma and lack of understanding about dementia and change people’s perceptions about the disease. Developed by the Alzheimer’s Society in the United Kingdom, the Dementia Friends movement is now spreading throughout Connecticut. By helping everyone understand what dementia is and how it affects people, each of us can make a difference for those touched by the disease directly or through caregiving.

The one-hour Dementia Friends Information Session is lively and interactive. It helps you learn five key messages about dementia and the small ways you can help. Participants come to understand a bit about what it’s like to live with dementia, and they also learn that every action counts and makes a difference. As a Dementia Friend, your new understanding and attitudes will guide the simple, practical actions you can take to help someone with dementia living in your community.

Participants each receive a Dementia Friends Workbook to follow along and have a few activities that are done solo or as a group. At the end of the session, participants are encouraged to come up with an action plan, such as visiting someone living with dementia, changing their language from “suffering with dementia” to “living with dementia”, etc.

We are looking for sites interested in hosting Dementia Friends Information Sessions, including senior centers, fraternal groups, libraries, schools, assisted living facilities, workplaces, etc. For information, contact Debby Horowitz at dhorowitz@wcaaa.org or 203-757-5449 x 125.

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Free Trainings for New Volunteer Live Well Workshop Leaders

Are you looking for an uplifting, satisfying and new volunteer activity? The WCAAA invites you to get trained to facilitate Live Well Workshops in your community! We have two different training opportunities coming up at WCAAA, 84 Progress Lane in Waterbury.

Live Well is a free six-week program that helps empower people with on-going health conditions such as arthritis, asthma, heart disease, depression and other physical and mental health challenges. This evidence-based workshop was developed at Stanford more than 20 years ago and is taught all over the US as well as in 19 other countries. Live Well workshops help participants to build self-confidence and play a major role in maintaining their health and managing their symptoms. Participants learn better ways of dealing with pain, fatigue, difficult emotions, anxiety and stress, as well as how to improve or maintain strength, energy and proper nutrition and how to use medications appropriately. Live Well is also beneficial for caregivers, family members and friends of people with on-going health conditions. The free four-day **Live Well Leader Training** is on April 16, 18, 23 and 25 from 8:30 am - 4 pm.

The Live Well with Diabetes program is also a free six-week workshop series, meeting once a week, for adults and/or their family members or caregivers who want to learn ways to manage their diabetes or pre-diabetes. We are offering the free four-day **Live Well with Diabetes Leader Training** at WCAAA on May 7, 9, 14 and 16 from 8:30 am - 4 pm. For this training, we are also looking to recruit bilingual individuals who would be able to co-lead groups in Spanish.

Leaders should have the ability to work with a small group of people and build rapport with them; be willing to read aloud and follow a scripted leader's manual; have good communication and listening skills; and have the ability to be non-judgmental and respect different opinions. Following the trainings, leaders then co-facilitate a Live Well Workshop or Live Well with Diabetes Workshop within a year. No medical knowledge is necessary, and we welcome volunteers with all kinds of backgrounds. We will find host sites for workshops and take care of all the publicity, supplies and other details.

Live Well is sponsored by The Western CT Area Agency on Aging, CT State Dept. on Aging and CT Dept. of Public Health through a grant from the US Administration on Aging. Pre-registration is required. For more information or to register, call Debby Horowitz, Live Well Regional Coordinator, at 203-757-5449 ext.125 or email dhorowitz@wcaaa.org.

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THE LATEST MEDICARE SAVINGS PROGRAM (MSP) INFORMATION

The MSP is divided into the following three income based levels but the State pays the \$134 monthly Medicare Part B premium for all three levels. Participants are also enrolled in the "Low Income Subsidy" which assists individuals with their prescription plan premium and co-pays. **The QMB Program** also provides assistance in paying Medicare deductibles, co-pays and coinsurance. MSP participants have likely received three letters from the State concerning benefits and income eligibility changes. The State Legislature approved continuation of current eligibility levels until July 1, 2018. The legislature will be meeting in the spring to develop a plan for the MSP beyond the July 1 date. Please call the WCAAA's CHOICES Program if you have questions on this important benefit program and how you can express your thoughts to your State Legislator. **SPECIAL ALERT! Watch for your APRIL CRIER TO SEE CHANGES IN ELGIBILITY AND BENEFITS' LEVELS DUE TO UPDATED FEDERAL POVERTY LEVELS.**

Article by Francesca Robles, WCAAA staff



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Dear Marci,

Does Medicare cover dental care?



I will turn 65 soon, and I am enrolling in Medicare, but I am concerned about Medicare's coverage of dental care. Does Medicare cover dental procedures? And if not, where can I get dental coverage?

-Dawn (Tulsa, OK)

Dear Dawn,

Medicare's coverage of dental care is very limited. Generally, Medicare will not cover dental care that you need primarily for the health of your teeth or the parts of your body that support the teeth, like your gums and jaw. For example, Medicare will not cover routine checkups, cleanings, or fillings, and will not pay for dentures.

Medicare will cover some dental services if they are required to protect your general health, or if you need dental care in order for another health service that Medicare covers to be successful. For example, if you have cancer and need dental services that are necessary for radiation treatment, or if you need surgery to treat fractures of the jaw or face, Medicare will pay for these dental services. It will not, however, pay for any follow-up dental care after the underlying health condition has been treated. For example, if Medicare paid for a tooth to be removed as part of surgery to repair a facial injury, it will not pay for any other dental care you may need later because you had the tooth removed, and will not pay for dental implants or dentures to replace the extracted tooth.

Although Medicare's coverage of dental services is limited, there are other ways you can receive dental care. These options include:

- **Medicare Advantage Plans:** Although dental services are mostly excluded under Original Medicare, some Medicare Advantage Plans do provide coverage for routine dental care. The costs and restrictions related to dental care vary from plan to plan. If you are considering joining a Medicare Advantage Plan, call the plan to find out what dental services, if any, it covers. Remember to make sure any Medicare Advantage Plan you're considering covers the doctors and hospitals you prefer to use and the medications you take at a cost you can afford.
- **Medicaid:** In some states, Medicaid covers some dental services. You may qualify for Medicaid if you have very limited income and assets. Check with your local Medicaid office to learn more about eligibility and to see what dental services are covered in your area.
- **Stand-alone dental plans:** These plans cover dental services, and vary in cost and amount/type of services that they cover
- **Reduced-cost or free clinics, federally qualified health centers (FQHCs), community health centers, and donated dental service programs:** These options may be available in your area, and, depending on a variety of factors, may provide dental services at a reduced fee or for free.
- **Local hospitals:** Call the hospitals in your area to ask if they offer dental clinics, how you can become a patient, what services they offer, what the fees are, and if payment plans are available.

-Marci

Dear Marci is a biweekly e-newsletter designed to keep you -- people with Medicare, social workers, health care providers and other professionals -- in the loop about health care benefits, rights and options for older Americans and people with disabilities.

"This information is republished with permission from the Medicare Rights Center. For more info visit resource www.medicarerights.org,"
On the internet: The URL is www.medicareinteractive.org



2018 Benefits Quick Guide

CHOICES 1 (800) 994-9422

Medicare Part A 2018 Premium, Deductibles & Co-pays			2018 Medicare Part B Premiums & Deductibles							
Part A Premium	(30-39 quarters) (< 30 quarters)	\$232 per month \$422 per month	PART B <u>Those with annual incomes:</u> \$85,001-\$107,000 (single) or \$170,001-\$214,000 (married)	\$134 per month \$187.50 per month Part D(+ \$13.00 to premium 2018)						
Hospital Deductible	(per benefit period deductible)	\$1,340	\$107,001-\$133,500 (single) or \$214,001 - \$267,00 (married)	\$267.90 per month Part D (+ \$33.60 to premium 2018)						
Hospital Co-pays	Days 61-90 Days 91-150	\$335 per day \$670 per day	For those over these amounts...	Visit www.ssa.gov						
Skilled Nursing facility Co-Pay	Days 21-100	\$ 167.50 per day	Part B Deductible	\$183 per year						
Medicare Savings Program (MSP) effective 3/17			SSA COLA (1/18) 2.0 %	SSI \$750 (one) or \$1125 (couple)						
Program	Status	Income Limit	Status	Income Limit						
QMB (Q01) 211% FPL	Single	\$2,120.55 / mo	Couple	\$2,854.83 / mo						
SLMB (Q03) 231% FPL	Single	\$2,321.55/ mo	Couple	\$3,125.43 / mo						
ALMB (Q04) 246% FPL	Single	\$2,472.30/mo	Couple	\$3,328.38/ mo						
Medicaid (Husky C) (for those 65+, blind or with a disability)	Single	\$972.49 (region A) \$862.38(reg. B & C)	Couple	\$1483.09 (reg. A) \$1374.41 (reg. B & C)						
Husky A (138% FPL)	With children under 19 years		For two	Magi: \$1867.14/mo						
Effective 1/18										
If you qualify for MSP, you will automatically qualify for Extra Help and the lower co-pays for Part D										
Medicare Part D Low Income Subsidy (LIS) for 2018 LIS CO-PAYS FOR MEDICATIONS: \$3.35 - FORMULARY GENERIC DRUGS \$8.35 - FORMULARY BRAND NAME DRUGS Medicaid recipients up ≤ 100% FPL: \$1.25/3.70 Max \$17 per month Medicaid Waiver/permanently in SNF—no co-pays LIS Benchmark Premium for CT- \$35.58 Max Income/Assets for Partial Subsidy (2018)			Medicaid Expanded Benefits (3/17) HUSKY D <table><tr><th>Household size</th><th>MAGI Monthly Income</th></tr><tr><td>1 person</td><td>\$1386.90</td></tr><tr><td>Couple</td><td>\$1867.14</td></tr></table> No asset restrictions Age 19-64 without Medicare No spend down, MAGI income Apply at www.accesshealthct.com		Household size	MAGI Monthly Income	1 person	\$1386.90	Couple	\$1867.14
Household size	MAGI Monthly Income									
1 person	\$1386.90									
Couple	\$1867.14									
LIS Single	\$1,528* *Includes \$20 disregard	Assets under \$14,100 includes \$1500 burial	CT Health Insurance Exchange Access Health CT Benefits Center- 1-855-805-4325 www.accesshealthct.com Open enrollment Nov 1, 2017 – Dec 22, 2017							
LIS Couples	\$2,556 *	Assets under \$28,150	DSS applications mailed to: DSS Connect Scanning Center P.O.Box 1320 Manchester, CT 06045-1320 New W-1LTC Medicaid LTSS - send to LTSS Application Ctrs Or apply online: www.connect.ct.gov DSS Benefits Line: 1-855-626-6632							
Partial dual eligibles pay deductible of \$83 then 15% copayment up to \$5,000 in 2018 then 3.35/\$8.35.			Supplemental Nutrition Assistance Program (SNAP) (eff. Oct 2017) Single person 185% FPL gross income - \$1860/ mo (max benefit \$192) Couple 185% FPL income – \$2,504 / mo (max benefit \$352) There is no asset limit EXCEPT for members who are 60 years old or a person with a disability whose gross income is more than 185% of the Federal Poverty Level. (asset limit over 185%: \$3,500)							
FPL	Single	\$1,358	CT Energy Assistance Program (CEAP) 10/17 Began accepting applications August 1, 2017							
100% FPL	\$1005	\$1693-\$2030	Household Size 60% median income							
150% FPL	\$1006-1256		*Vulnerable households receive a higher basic benefit: Vulnerable Households include a household member who is age 60+ or a person with a disability, or child under age 6. (\$660 versus \$605) Asset Limits apply: www.ct.gov/staywarm Homeowners - \$15,000 First date of delivery: 11/15/17 Renters – \$12,,000 Eligible for winter protection shutoff: 11/1/17-5/1/18 Households (including renters) with up to 60% of median income can qualify if their rent is more than 30% of gross income. Households with liquid assets that exceed these amounts may qualify if gross income, when added to excess liquid assets, is within guidelines.							

CT Home Care Program for Elders	Functional Criteria	Income Guidelines	Asset Guidelines
State Funded - Level 1 Closed 7/17	One critical need	No income ceiling-	Individual:\$37,080 Couple:\$49,440 (eff 1/18)
State Funded –Level 2	Skilled nursing home level of care*	No income ceiling- 9% cost share	Individual:\$37,080 Couple:\$49,440 (eff 1/18)
Medicaid Waiver – Level 3 300% of SSI (\$750) (updated 1/1/18) Applied Income starts at \$2,010 (3/1/17)	Skilled nursing home level of care**	\$2,250/month (1/18) Only the individual's income is counted toward eligibility	Individual -\$1600 Couple - \$3200 (both receiving services) \$26,320.00(one receiving services)1 /18 A higher asset amount may be allowed when a spousal assessment is done (Excess home equity limit:\$858,000)
Medicaid – Level 5 (3/17)	1 or 2 critical needs	\$1507.50 month (150% FPL)	Individual: \$1,600
<p>*Supervision or cueing ≥ 3 ADLs + need factor; hands-on≥3 ADLs; hands-on≥2 ADLs + need factor. Need factors: Behavioral or cognitive impairment requiring daily supervision to prevent harm or assistance with prescribed medications beyond setting up of pills.</p> <p>Call 1-800-445-5394 to make referrals or refer online https://www.ascendami.com/CThomecareforelders/default Eff 7/1/16 allowed max Irrevocable funeral service account \$8,000; life insurance of face value \$1500; 5 year look back Community Spousal Protected Amount: Minimum \$24,720 and maximum \$123,600 (1/18) Home equity limit max: \$840,000 Maximum Monthly Maintenance Needs Allowance: \$3,090 (1/18). Minimum: \$2,030 (7/17) Federal Poverty Levels are announced in March of each year</p>			

Information for Persons with Disabilities			
Medicaid Category	Eligibility	Income	Assets
MedConnect (Medicaid for the Employed Disabled)	Persons with disability who have earned income. Proof of disability: Receiving SSD; Medicare after SSD stops or fill out W-300MED & W-300T19 for medical review	Earned income up to \$6,250/mo or \$75,000/yearly. Premium could apply if income is above 200% FPL (questions on premium: 1-800-656-6684)	\$10,000 (\$15,000 couple) Excluding: car used for work/medical appts, home, approved retirement accts (i.e. IRA,401K) & approved DSS account for special employment expenses Apply W-1E or www.connect.ct.gov
Bureau of Rehabilitation Services (BRS)	Assist persons with disabilities wanting to return to work		1-800-537-2549
BRS Benefits Counselor	Benefits Specialist will explain how work can affect benefits etc.		1-800-773-4636 to find out your local contact www.ct.gov/brs
Ticket to Work	9 month trial test period to return to work. Individuals get full benefits regardless of money earned.		1-866-968-7842
Centers for Independent Living	Provide peer support, I&R, advocacy, independent skills training to persons with disabilities		www.cacil.net for contact information

Other Long Term Services and Supports Options			
Program	Eligibility	Benefits	How to Apply?
Community First Choice Provision from the Affordable Care Act (ACA)	Anyone functioning at skilled nursing home level of care and on any type of Medicaid (i.e. Husky A, D, C, Med-Connect) No age restriction	Self-directed care; PCA (including family/friends, not spouse); Home delivered services; home modifications; assistive technology; Support Broker	Call 2-1-1 or www.ctmfp.com


Long-Term Care Medicaid Application Centers (for new W-1LTC Medicaid applications):

- 1) Waterbury Office, 279 Thomaston Ave., Waterbury, CT 06702
- 2) Bridgeport Office, 925 Housatonic Avenue, Bridgeport, CT 06606
- 3) New Haven Office, 50 Humphrey St., New Haven, CT 06513
- 4) Greater Hartford Office, 20 Meadow Rd., Windsor, CT 06095—only for Statewide Medicaid Waiver HCBS Applications

How Does My Other Insurance Work With Medicare? When you have other insurance and Medicare, there are rules for whether Medicare or your other insurance pays first.

If you have retiree insurance (insurance from your or your spouse's former employment)...	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has fewer than 20 employees	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees	Medicare pays first.
If you're under 65 and disabled, have group health plan coverage based on your, a spouse's, or a family member's current employment, and the employer has 100 or more employees	Your group health plan pays first.
If you're under 65 and disabled, have group health plan coverage based on your or a family member's current employment, and the employer has fewer than 100 employees	Medicare pays first.
If you have Medicare because of End Stage Renal Disease (ESRD)...	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare will pay first after this 30 month period.


Information source: Medicare & You 2018



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Kent	14 Old Barn Road	860.927.3568
Washington	6 Bee Brook Road	860.868.0527

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Dental Services

With Original Medicare: Most dental care like cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices are not covered under Original Medicare. Although routine dental care is not covered, you should check with Medicare or your dental provider to see if your emergency or complicated dental procedure is covered under your Original Medicare.

With Medigap: Medicare Supplement Insurance, also known as Medigap, can only be purchased by beneficiaries who are already enrolled in Original Medicare (Parts A & B). Medigap is sold by private companies and can help pay for copayments, coinsurance and deductibles not covered by original Medicare. Dental care, which is not covered under original Medicare, can be covered under some Medigap policies if you subscribe to the additional coverage under your Medigap Plan. The optional additional services are called riders, and they do increase your monthly premium. To find out if your plan offers dental coverage please contact your Medigap plan.

With Medicaid: Dental care services are covered under the HUSKY health program (Medicaid). It is important to note that as of January 1, 2018, adults on Medicaid will have a yearly benefit limit of \$1,000 for dental services. After the yearly benefit limit has been reached, any additional dental service must be approved in advance through a prior authorization process with the dentist. Even if you are under the yearly benefit limit some services may still require prior authorization by your dental provider, but generally some services that are covered under Medicaid/Husky include; cleaning, fluoride, sealants, x-rays, fillings, crowns, root canal treatment, oral surgery and dentures. If you have Medicaid and have additional questions about your dental coverage, you can contact 855-CT-DENTAL (855-283-3682).

With QMB: Qualified Medicare Beneficiaries (QMB) is one of the three categories within the Medicare Savings Program (MSP). Once you are enrolled in the QMB program you will receive a grey CONNECT card from the Department of Social Services. QMB does not cover dental services. QMB only acts as secondary insurance and will pay only after Medicare has paid first; therefore, since Medicare does not cover dental services neither will QMB.

With Medicare Advantage Plan: Some Medicare Advantage plans (Medicare Part C) may provide dental coverage. Those plans that offer dental benefits usually only cover basic dental coverage. To find out if your plan offers dental coverage, contact the Advantage plan directly.

With Private Dental Insurance: If you would like to have dental coverage, private dental plans may be the option for you. Private dental plans also have premiums, but pricing is competitive, and you should research and compare plans before purchasing a policy. Private dental plans are regulated by Connecticut's Insurance Department. For a complete list of private plans offered in the state of Connecticut, you may call WCAAA CHOICES at (203)757-5449.

2-day FREE Dental Care: CT Mission of Mercy (CTMOM) is a two-day clinic that provides **free** dental care to the underinsured or uninsured. The two-day event will take place on April 20-21, 2018. Doors open at 8am at 50 Major Besse Drive, Torrington, CT 06790 (Torrington High School). Dental services are provided on a first come, first serve basis.

FQHCs: Federally-Qualified Health Centers (FQHCs) are health centers that provide quality personalized care to people throughout Connecticut. FQHCs accept everyone, including those who are uninsured, on Medicare and on Medicaid. For those who are uninsured, these health centers will bill on a sliding scale that is income based. FQHCs provide dental care as well as medical and behavioral health care. Below you can find a list of Federally-Qualified Health Centers located in the Western Connecticut area and you can contact them for additional questions or to book your dental appointment.

Federally-Qualified Health Centers (FQHCs) in the Western Connecticut Area

<i>StayWell Health Center</i> Waterbury	203-756-8021
<i>Community Health & Wellness Center</i> Torrington	860-489-0931
<i>Community Health Center, Inc.</i> Waterbury	860-347-6971

Large Dial Gold Talking Vibrating Watch

This month's featured device is the Large Dial Gold Talking Vibrating Watch. Designed to make sure you can see and hear the time clearly, this large dial gold tone talking vibrating watch is packed with amazing features without sacrificing style or comfort. You can hear the time and date on demand in a clear male or female voice, and the alarm function enables you to not only hear the alarm time but also gives you vibrating and chime options to make sure you don't miss your appointments or reminders. There is also a countdown timer option available.

Meanwhile, the gold tone dial has easy to see large print black numbers 1-12 on a big 1.5-inch Diameter white face for high contrast, with thick black hour and minute hands and a black seconds hand. The black rubber band is comfortable, durable and flexible for a cozy fit on your wrist, making this talking watch as easy to wear as it is to use all day long.



The Large Dial Gold Talking Vibrating Watch is now on display at our Assistive Technology Center located at the WCAAA, 84 Progress Lane, Waterbury, CT 06705. Please call Charlene to make an appointment at 203-757-5449.

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IMPORTANT!

If you have Medicare Part A (including coverage in a Medicare Advantage Plan), you meet the requirement for having health coverage under the Affordable Care Act. You'll have to report this on your federal income tax return, and you won't have to pay a penalty for not having health coverage.

If you have Part A, you may get a Health Coverage form (IRS Form 1095-B) from Medicare by early 2018. This form verifies that you had health coverage. Keep the form for your records. If you don't get Form 1095-B, don't worry, you don't need to have it to file your taxes.

Need help sleeping tonight?



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5 Timely Tips for Baby Boomers Turning 65 in 2018

I'll You Be Turning 65 Years Old In 2018?

1. You need to Enroll in Medicare within your 7 month Initial Enrollment Period which is the 3 months before the month you turn 65, the month you turn 65, and the 3 months after the month you turn 65.
2. You can delay Medicare Part B. Most people get Part A (hospital insurance) premium-free. Part B (medical insurance) has a monthly premium. You may want to delay Part B if you have other health care coverage through an employer or union. If you decide to delay Part B, always make sure you have creditable coverage to avoid penalties.
3. There are two ways to get Medicare: Traditional Original Medicare (Parts A & B) or the alternative Medicare Advantage (Part C). Original Medicare is administered by the Federal Government. Medicare Advantage plans are offered by private insurance companies approved by Medicare.
4. Medicare Does Not Cover Everything. Original Medicare does not include prescription drug coverage. You may buy a Prescription Drug Plan (Part D) to get this coverage. Some people also buy a Medicare Supplement Insurance Plan (Medigap) to help with additional costs. You don't generally need additional coverage if you choose a Medicare Advantage plan.
5. You may qualify for help with Medicare costs. Several programs offer financial assistance with Medicare premiums and other costs.
6. For more information on the open enrollment period for all types of plans, call Western CT Area Agency on Aging at 1-800-994-9422 or 203-757-5449.


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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.
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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.