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Staff Editor
Kiara Carchi

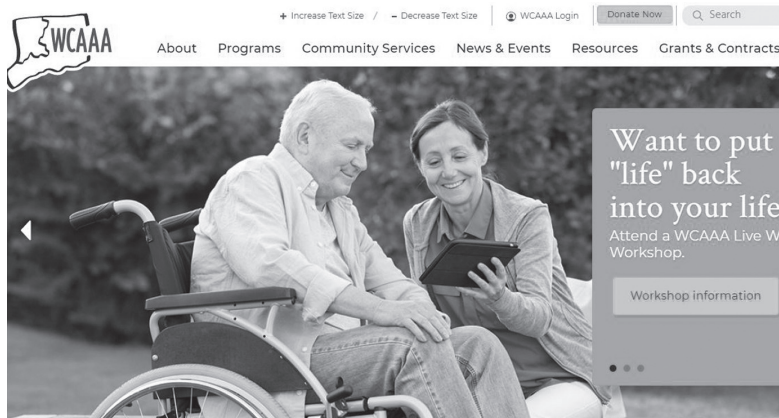
ANNOUNCEMENT OF A NEW CRIER

WCAAA is pleased to announce the upcoming of our new newsletter, which will have a different name and style. The first issue will be launched in September 2018; both in print and online. We ask you to please be on the lookout for it and if you wish to sign up to receive one, please contact us at 203-757 5449. Our goal is to continue to develop and improve our communication with you by bringing you home the highlights in news, upcoming events and updates on the programs and services that can benefit you. As always, we would love to get your feedback or suggestions in this new transition.



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WCAAA LAUNCHES NEW WEBSITE



WCAAA continues to seek ways to improve our quality of service; therefore, we are happy to announce that our new and re-designed website is live! The updated site includes changes to the navigation with dropdown menus that are fully responsive, making it easier to navigate on all browsers and devices.

We have also introduced a range of new content to the website, including healthy living tips, useful websites/contacts and videos, career opportunities, access to applications from state programs, new/updated publications; such as: newsletters and guides, and much more. It has never been easier than now to stay up-to-date and connected with us. You can now contact us through our website by simply filling out the form and we will reply to your questions and comments as soon as possible.

We will regularly update our website to bring you the most recent content and resources. We hope you like the changes to our website and we ask that you please rate us by searching Western CT Area Agency on Aging in www.google.com. Your feedback and comments are very much welcomed and appreciated.

You can visit our new website at www.WCAAA.org. We look forward to staying connected! To Stay connected on social media, follow us on Facebook at: <https://www.facebook.com/WCAAA>

New Medicare Card Reminder

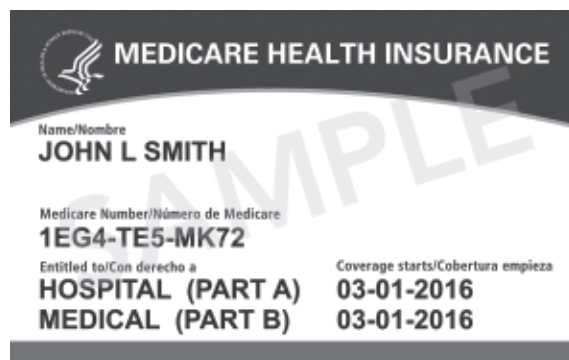
Here are some things you need to know about the New Medicare Cards from the Centers for Medicare and Medicaid Services:

Your New Medicare Card will NO longer have your:

- Social Security Number but a new Medicare number unique to you consisting of numbers and letters
- Signature
- Gender

Your New Medicare Card will have your:

- New Medicare number
- Name
- Dates that Medicare Part A and Part B coverage started



Medicare will be mailing new Medicare Cards to beneficiaries between April 2018 and April 2019. In Connecticut, the rollout will begin after June 30th. If you don't get your card right away, do not worry. It will take time to mail the cards to everyone so your card might arrive at a different time than your friend's or neighbor's card.

****** There is no charge for the new card. ******

Your benefits will stay the same and you can start using your card as soon as you receive it. When you receive your new card, shred your old card.

Only your Medicare card and number are changing. Your social security number remains the same. If you are enrolled in a Medicare Advantage plan, or a Part D prescription plan, or Medigap (Supplemental) policy, these plans and policies do not change. Please keep those cards.

Beginning January 1, 2020, you can only use the new Medicare card and new number. Your old Medicare card number will not longer work.

While you do not need to take any action to get your new Medicare card, make sure your mailing address is up to date. If not, contact Social Security at 1-800-772-1213.

To sign up for email updates, visit: www.Medicare.gov/NewCard

Watch Out for Scams. This is a perfect opportunity for scammers to try and get your personal information.

Do not share your card with anyone. Only carry it with you when you need it. Otherwise, keep it in a safe place.

If someone calls and offers to send you a new card or asks for your current Medicare number or claims there is a charge for the new card, or threatens to cancel your health insurance if you don't provide any of this information, **HANG UP AND CALL YOUR LOCAL SMP at -1-800-994-9422.**

Source: CMS/Centers for Medicare and Medicaid Services, January 2018.

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AN ANNOYING PROBLEM – DRY, ITCHY SKIN

After reading a few articles about developing dry, itchy skin, I realized that more than 50% of older adult experience this condition! After 40 or older, the risk increases. Also, if you live in a dry, cold or low-humidity climate, swim frequently in chlorinated pools or have a job requirement which forces you to immerse your hands in water (hairdressing or nursing) this may also increase the risk.

Dry skin isn't usually serious, but it can be uncomfortable and unsightly. It is often temporary, but it may be a lifelong condition. Symptoms include:

- Itching
- Slight to severe flaking, scaling or peeling
- Redness
- Fine lines or deep cracks that may bleed

Many symptoms will respond well to home remedies such as sunscreens, moisturizers, topical, OTC ointments, taking warm, not hot baths or showers, and limiting the time, and using non-drying soaps and shampoos, but if not, perhaps it is time for a doctor visit, preferably a Dermatologist! Dry skin may crack, and sores may bleed allowing bacteria to enter causing infections. People with skin conditions such as eczema, prescribed medications and/or treatment.

Don't neglect this problem-this condition should not be ignored for fear of more serious complications!

Article by: Marion Pollack, RN, WCAAA Staff

Sources: Resources: mayoclinic.com, www.health247.com/The+Health+Line, <http://www.webmd.com/>

Opioid Crisis in Connecticut

Opioids are a class of medication used to reduce pain. These can include prescription drugs used to treat moderate to severe pain, like oxycodone (oxycontin), hydrocodone (Vicodin), morphine, and methadone. Other types of opioids are fentanyl, and the illegal drug heroin.

The misuse of prescription medications and opioid-based drugs have increased significantly over the years and is a public health concern in Connecticut. This misuse includes taking prescribed medications in a higher dose than authorized by a professional or taking a medication that was not prescribed to you. Opioid overdose is often characterized by decreased breathing, which if left untreated can lead to death.

In 2016, Governor Dannel Malloy announced the Connecticut Opioid Response (CORE) Initiative, a statewide strategy to address the opioid crisis in Connecticut. The CORE Initiative seeks to "Increase access to treatment, decrease risk of overdose, increase adherence by clinical providers to opioid prescribing guidelines, increase access to naloxone, the antidote to opioid overdose, increase data sharing across agencies and organizations, increase community understanding that Opioid Use Disorder is a medical condition to increase treatment, and to decrease stigma."

There are approximately 41 Opioid Treatment programs in Connecticut. Most treatment programs accept patients with Medicaid/Husky insurance. However, because Medicare insurance has strict guidelines relating to insurance coverage for addiction and treatment services, Medicare beneficiaries may be responsible for the full cost of services. To learn more about where to access Opioid treatment or the costs for treatment, please call the Western CT Area Agency on Aging's CHOICES Department.

Prescription opioids can be
addictive and dangerous.
It only takes a little to lose a lot.



References:

Opioid Resources - City of Waterbury, CT, www.waterburyct.org/opioid. "Opioid Overdose." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 24 Aug. 2017, www.cdc.gov/drugoverdose/opioids/index.html.

"Opioid Treatment Program Directory." OTP Directory, dpt2.samhsa.gov/treatment/directory.aspx.

Need help sleeping tonight?



- ◆ Wills and Trusts
- ◆ Estate Planning
- ◆ Elder Law
- ◆ Medicaid Planning
- ◆ Asset Protection
- ◆ Probate Litigation
- ◆ Probate Administration
- ◆ Estate Administration
- ◆ Disability Planning

Aging parents, Wills, finances, your children's welfare. It's always weighing on your mind. It even keeps you up at night.

Put your mind at ease.

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Attorney
Lynda Lee Arnold, JD, LLM



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WCAAA RECEIVES CONNECTICUT COMMUNITY FOUNDATION GRANT



"It's Your Life...Live it Well"

WCAAA was recently awarded a generous grant from the Connecticut Community Foundation to expand evidence-based health programs for adults in Waterbury. The focus is to expand the Live Well with Diabetes Self-Management Program (DSMP), and train new program leaders invested in the city. DSMP workshops will be offered in both English and Spanish, and we are collaborating with the Waterbury Health Department, the two local hospitals, clinics, faith communities, physicians, community organizations and local businesses. If you are interested in learning more about becoming a Live Well with Diabetes leader or hosting a workshop in Waterbury, please contact Debby Horowitz,

at 203-757-5449 x 125 or dhorowitz@wcaaa.org.

Diabetes is a serious chronic disease which is costly to individuals as well as to communities, governments, employers and others. According to the Waterbury Health Department's most recent Community Health Needs Assessment, the proportion of Waterbury residents who have been diagnosed with diabetes was 14.8%, compared to Connecticut, 9.3%, and the rest of the country, 9.8%. In Waterbury, only 33.1% have taken a diabetes self-management course on how to manage their diabetes, compared to 39.9% across CT, and 52.2% in the U.S. WCAAA seeks to increase these rates with workshops teaching self-management skills. Some of the goals of this grant are to:

- Offer 10 Live Well with Diabetes workshops in Waterbury in 2018

- Engage & educate clergy and community leaders about the value of DSMP to help those with diabetes and pre-diabetes have more control over their health.

- Realize a completion rate of 80% (participants attend at least 4 of the 6 sessions)

- Train 8-10 new DSMP leaders, including some from local faith communities

- Encourage strong, seasoned leaders by having them facilitate more than one workshop per year

- Sponsor at least one DSMP workshop at Waterbury or St. Mary's Hospital or clinic

- Train additional African-American and Hispanic DSMP leaders to lead workshops in Waterbury

Thanks to this Connecticut Community Foundation grant, WCAAA recently hired Deb Kaszas, MPH, a community health educator. This grant also provides self-management books for all participants to keep, as well as a \$25 grocery gift card for all "completers" (those who attend at least 4 of the 6 classes). Other incentives include stipends for volunteer leaders and a \$100 host site stipend.

Article by: Debby Horowitz-WCAAA staff.

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Senior Medicare Patrol (SMP) - Free Volunteer Training—2018

Join our Senior Medicare Patrol (SMP) Team and Help Medicare Beneficiaries and their Caregivers Prevent, Detect and Report Health Care Fraud.

This training will cover the SMP program, basic information about Medicare, and Medicare fraud, abuse and errors.

The training is open to anyone looking to become an SMP volunteer and all professionals.

LUNCH AND MATERIALS WILL BE PROVIDED.

Date: Tuesday, June 19th 10:00am – 3:00pm

Location: Western Connecticut Area Agency on Aging (WCAAA)
84 Progress Lane, 2nd Floor, Waterbury, CT 06705

Contact: Amanda Asch Halle at (203)757-5449 ext.160,
or ahalle@wcaaa.org



REGISTRATION REQUIRED: RSVP BY MONDAY MAY 14TH

Assistive Technology Center Gadgets & Gizmos TO MAKE YOUR LIFE EASIER

The WCAAA Tech Center provides free, personalized or group demonstrations of assistive devices such as magnifiers, smart pens, Ipads, phone amplifiers, vibrating alarm clock and talking watch, just to name a few.

Say goodbye to struggling with opening lids and sealed tops. This stainless steel 6 in 1 Multi Opener effortlessly opens jar lids, pull tabs, safety seals, large bottle tops, small lids, and bags. Coated with smooth, durable rubber-like plastic for a comfortable grip. Ideal helper for arthritic or disabled hands.



The Handybar is a tool designed to provide extra support for you when entering and exiting your vehicle. Equipped with a seat belt cutter and side-window breaker for emergencies, the Handybar is perfect for people with limited mobility due to recent surgery, back or leg problems and pregnancy.

The Pocketalker Ultra makes it easier to hear in everyday situations. By reducing background noise and distance from the source-the Pocketalker brings sound and voices directly to the ear. Ideal for one-on-one conversation, small group and television listening or conversing in a car. So, relax-enjoy the sounds of life and stay connected to your world.



This device amplifies sound that is connected to a headset, so you hear more clearly while reducing background noises. All you do is place the Pocketalker on a table, in a pocket or attach it to a belt. It is compact enough to bring anywhere. Please call Charlene @203-757-5449 ext. 101 to make an appointment for a presentation or email cwicks@wcaaa.org

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MEDICARE — Did You Know!

If you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you'll automatically get Part A

and Part B starting the first day of the month you turn 65. (If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.)

If you're under 65 and disabled, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

If you have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease), you'll get Part A and Part B automatically the month your Social Security disability benefits begin.

If you're close to 65, but not getting Social Security or Railroad Retirement Board (RRB) benefits, you'll need to sign up for Medicare. Contact Social Security 3 months before you turn 65. You can also apply for Part A and Part B at socialsecurity.gov/retirement. If you worked for a railroad, contact the RRB. In most cases, if you don't sign up for Part B when you're first eligible, you may have a delay in getting Medicare coverage in the future, and you may have to pay a late enrollment penalty for as long as you have Part B.

If you have End-Stage Renal Disease (ESRD) and you want Medicare, you'll need to sign up. Contact Social Security to find out when and how to sign up for Part A and Part B. For more information, visit Medicare.gov/publications to view the booklet "Medicare Coverage of Kidney Dialysis & Kidney Transplant Services."

If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% for each full 12-month period that you could've had Part B, but didn't sign up for it. If you're allowed to sign up for Part B during a Special Enrollment Period, you usually don't pay a late enrollment penalty.

Source: Medicare and You Book 2018 <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>

Am I an inpatient or outpatient?

Staying overnight in a hospital doesn't always mean you're an inpatient. You only become an inpatient when a hospital formally admits you as an inpatient, after a doctor orders it. You're still an outpatient if you haven't been formally admitted as an inpatient, even if you're getting emergency department services, observation services, outpatient surgery, lab tests, or X-rays. You or a family member should always ask if you're an inpatient or an outpatient each day during your stay, since it affects what you pay and can affect whether you'll qualify for Part A coverage in a skilled nursing facility.

A Medicare Outpatient Observation Notice (MOON) is a document that lets you know you're an outpatient in a hospital or critical access hospital. You must receive this notice if you're getting observation services as an outpatient for more than 24 hours. The MOON will tell you why you're an outpatient receiving observation services, rather than an inpatient. It will also let you know how this may affect what you pay while in the hospital, and for care you get after leaving the hospital.

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Skilled Nursing Facility Care

Medicare covers semi-private rooms, meals, skilled nursing and rehabilitative services, and other medically necessary services and supplies after a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital formally admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged. You may get coverage of skilled nursing care or skilled therapy care if it's necessary to help improve or maintain your current condition.

To qualify for care in a skilled nursing facility, your doctor must certify that you need daily skilled care like intravenous injections or physical therapy.

You pay:

- Nothing for the first 20 days of each benefit period
- A \$167.50 per day for days 21–100 of each benefit period
- All costs for each day after day 100 in a benefit period.

Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to find out what you pay for inpatient hospital stays and skilled nursing facility care in 2018. TTY users can call 1-877-486-2048.

Note: Medicare doesn't cover long-term care or custodial care.

Source: Medicare and You Book 2018 <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>

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Need a Break from Caregiving?

The National Family Caregiver Support Program May Help.



Caregivers often find the task of caring for another person to be overwhelming and time consuming. You start by dropping by your mom's house and doing her laundry or taking your dad to a doctor's appointment. You find yourself doing the grocery shopping and refilling prescriptions. Gradually, you are doing more and more. You then realize that you have made the unconscious commitment to be a full-time caregiver and the responsibility that goes along with taking care of someone else.

Most of the time, caregiving is triggered by a major health event, such as an accidental fall or a heart attack. Life as you know it stops and all of your energy goes into caring for your loved one. Caregivers take on a huge amount of responsibility and often develop stress-related illnesses such as heart disease, hypertension, or ulcers. An occasional break from caregiving enables an exhausted caregiver to regroup both physically and emotionally and find the strength to carry on.

Our Federal Founded National Family Caregiver Support Program offers a variety of services which can provide respite care services or supplemental services. Respite care is designed to provide a break from the physical and emotional stress from caregiving. Respite care services include, but are not limited to, a homemaker or a home health aide. Supplemental services are one-time health-related items or service options designed to help "fill the gap" when there is a need or there are no other ways to obtain the service item needed. The commonly requested supplemental item is an emergency response system or "emergency button" but can also include medically related equipment not covered by insurance. Last federal fiscal year our National Family Caregiver Support Program provided 5,515 units of respite care and 2,309 units of supplemental services.

If you would like information about the eligibility requirements for the program or to discuss your particular situation, learn more about which programs you may qualify for, or to apply for services, please contact our Care Manager, Michelle Dillane, RN at 203-757-5449 or 1-800-994-9422.

Pre-existing conditions for Medigap/Medicare Supplemental Insurance

What is a Pre-Existing condition?

A pre-existing condition is a medical condition diagnosed or treated before joining a new plan. Some Medigap policies in Connecticut may impose a pre-existing condition waiting period. Depending on the plan that you decide to purchase, the waiting period can range between two and six months. Below you can read about the different ways that you may be subject to a pre-existing condition's waiting period based on your previous coverage. You may call your Medigap policy to check, but creditable coverage is typically any other health coverage you recently had before purchasing a Medigap policy. If your previous insurance was considered "creditable coverage," the pre-existing condition's waiting period may be voided out or shortened.

Buying a Medigap Policy for the first time

The Medigap Open Enrollment Period is a, one-time-only, six-month period when you are allowed to purchase any Medigap policy without the risk of being denied or charged more due any current or previous health problems. The enrollment period begins on the first month that you are covered under Medicare Part B and you are 65 years of age or older. When purchasing a Medigap policy for the first time, you may want to consider obtaining a plan during the Medigap Open Enrollment Period. If you are purchasing a policy for the first time, outside of the enrollment period, the pre-existing condition will apply to you if the Medigap policy you plan on buying has one. If your policy did have a pre-existing condition waiting period, after the waiting period is over the company must insure you for your medical condition. If the policy you purchased did not impose a pre-existing condition waiting period, whatever medical condition you may have or had before joining the plan must be covered as soon as the plan starts.

Switching between Medigap Policies

The number of months that you spent under the previous policy will count towards your new Medigap policy, therefore the pre-existing condition's waiting period may be voided out.

Example. If you only spent two months under the previous Medigap policy but your new policy has a three-month pre-existing condition rule, you will need to spend one month under your new policy before your pre-existing condition is covered.
If your new plan does not have a pre-existing condition rule, whatever medical condition you may have or had before joining the plan must be covered as soon as the plan starts.

From Medicare Advantage to Medigap

You cannot be sold a Medigap policy if you are currently enrolled in a Medicare Advantage plan. You will be given credit for the number of months you spent in the Advantage plan but if you would like to buy a Medigap policy, you must drop your Advantage plan and switch to a stand-alone Medicare Prescription Drug Plan. Depending on the number of months you were covered by the Advantage plan and the Medigap policy you plan on joining, the pre-existing condition's waiting period may be voided out. To see if this is the case for you, you may call your Medigap plan or one of our CHOICES counselors.

Replacing your "Creditable" Insurance

If you have been covered by a creditable insurance provider, you will be given credit for the number of months you spent with the creditable coverage. Depending on the number of months you were covered and the Medigap Policy you plan on purchasing, the pre-existing condition's waiting period may be voided out. Please call your Medigap plan or our CHOICES counselors for more information about the pre-existing conditions.

Article by: The CHOICES Department

Source: The Centers for Medicare & Medicaid Services (CMS) and the National Association of Insurance Commissioners (NAIC)'s 2018 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.



Dear Marci

I turned 65 a while ago and I didn't enroll in Medicare Part B. I instead kept my Marketplace plan. How can I enroll in Medicare?

– Noah (Portland, OR)

Dear Noah,

In general, if you do not enroll in Medicare during your Initial Enrollment Period (IEP), you must wait for the General Enrollment Period (GEP) to sign up for Medicare. The GEP runs January 1 through March 31 of each year, and if you enroll during this period, your Medicare benefits will start on July 1. This means that you may experience gaps in coverage. You will also likely have a late enrollment penalty for not signing up for Medicare when you were first eligible.

You will likely have to use the GEP to enroll in Medicare if (a) you kept your Marketplace plan and did not enroll in Medicare when you were first eligible, or (b) you enrolled in premium-free Part A and kept your Marketplace plan when you became eligible for Medicare. You will likely have to use the GEP to enroll in Medicare Part B.

Currently, you may be able to request time-limited equitable relief to enroll in Part B outside of the GEP. Time-limited equitable relief is a process you can use to enroll in Part B and/or eliminate a Part B late enrollment penalty (LEP). You may be eligible to request time-limited equitable relief if you delayed Medicare Part B enrollment while you had a Marketplace plan.

For example, maybe you enrolled in Medicare Part A and declined Part B when you first became eligible for Medicare because your Marketplace plan with cost assistance was cheaper than Part B. You may not have realized that you were supposed to sign up for Medicare and that you would lose your cost assistance because of your Medicare eligibility. In some instances, you may have continued to receive cost assistance even after enrolling in Part A. In other situations, you may have faced Marketplace plan coverage problems once your plan realized that Medicare should be covering costs. For example, the Marketplace plan may have stopped paying primary for your health costs.

Time-limited equitable relief is a limited process that allows you to either (a) enroll in Medicare Part B without penalty, or (b) eliminate or reduce your Part B LEP if you are already enrolled in Part B but had delayed enrollment when you had a Marketplace plan.

In order to qualify for time-limited equitable relief, you must be enrolled in premium-free Part A and (a) have an Initial Enrollment Period (IEP) that began April 1, 2013 or later, or (b) have been notified of retroactive premium-free Part A on October 1, 2013, or later.

To request time-limited equitable relief you will need to contact the Social Security Administration or visit a local Social Security office and ask to use time-limited equitable relief to enroll in Part B and/or eliminate your Part B LEP. You should bring proof that you are enrolled in a Marketplace plan, like a recent premium bill. If you received a letter about being enrolled in Medicare and a Marketplace plan, you can also bring that letter as proof. The opportunity to request time-limited equitable relief lasts until September 30, 2017.

Noah, if you think you are eligible to use time-limited equitable relief, please contact the Medicare Rights Center's national helpline at 800-333-4114 for further assistance.

– 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 the permission from the Medicare Rights Center. For more info visit source www.medicarerights.org." On the internet: The URL is www.medicareinteractive.org.

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THE LATEST MSP INFORMATION!

We understand that the MSP eligibility levels will not change until June 30, 2018 which means that anyone on the program continues until the June 30th date. HOWEVER, SENIORS AND ADVOCATE NEED TO BE VERY VIGILANT REGARDING CT LEGISLATIVE ACTION ON THE MSP AS THE STATE LEGISLATURE will be deciding the eligibility levels in this spring session. Watch the WCAAA and State Department of Social Services websites and your local newspaper for updated information. If you wish to call your State Legislator to voice your opinion, please call 1-860-240-0100

Adult Day Center

The CT Statewide Respite Care Program is operated by the WCAAA to provide services for persons diagnosed with Alzheimer's Disease or other related dementias. This program is designed to create a care plan that benefits the client's needs, but also meets the needs of a caregiver. One important issue many caregivers report is critical for both the client and the caregiver, is socialization to prevent isolation, caregiver burnout, depression, etc. Last state fiscal year, 57 respite clients out of the 156 total clients who received service funding attended an Adult Day Center.

The CT Respite Care Program contracts with several Adult Day Centers within our 41 towns. These day centers provide the necessary supervision that typically is needed for a person with Alzheimer's Disease, have activities and events to promote socialization, and some even have nurses on staff. The center allows a person with Alzheimer's Disease to be picked up in the morning, spend the day with entertainment, have lunch, make friends, and then be brought home. Other popular service funding was used for personal care assistance, homemaking, and personal emergency response buttons. This peace of mind knowing that their loved one is in a safe environment, whether one chooses care provided the home or at a center, allows the caregiver to have a day to relax and enjoy a well-earned break from caregiving.

If you know someone that would benefit from an Adult Day Center encourage them to call and schedule a tour of a facility close to them. The CT Statewide Respite Care Program contracts with:

Active Day of Middlebury in Middlebury, CT
Almost Home Adult Daycare in Danbury, CT
Day-break at Waterbury in Waterbury, CT

Hispanic Coalition in Waterbury, CT
Litchfield Hills Adult Day Care in Litchfield, CT
Old Glory Days in Sandy Hook, CT

For further information on the CT Statewide Respite Care Program, and to see if your loved one qualifies, please contact Jessica Warner at 203-757-5449 Ext. 114.

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SPECIAL CARE FOR DIABETIC FEET

When a person is diagnosed with diabetes, most physicians will refer him/her to a podiatrist so that their feet can be professionally examined on a regular basis. As one ages, it becomes likely that vision and flexibility may lessen making it more difficult to check one's own feet properly and attend to cutting one's toenails. Individuals with diabetes are more prone to nerve damage called neuropathy, and, consequently, they may not feel the sharp edges of clippers or scissors. The points may penetrate the skin and cause cuts or cracks where bacteria can enter and cause an infection, if not treated immediately. Infection takes longer to heal in those with diabetes and may require antibiotic medication prescribed by a physician or podiatrist. If an injury does not show signs of healing, a visit to the doctor or clinic should be scheduled. Such a visit is usually covered by Medicare or Medicaid insurance and should not be put off since complications may occur.

Also, those with diabetes should always be aware of keeping their feet covered and should never go barefoot, since broken glass, stone chips and splinters can be picked up anywhere. It is advisable to wash and dry feet daily, carefully inspecting them and keeping the area between toes dry. Do not apply lotion or moisturizer between the toes!!! Proper fitting shoes are a must, since blisters can easily predispose one to infection. Annually, insurance will cover the cost of special shoes for individuals with diabetes and prescriptions may be obtained through a treating physician or podiatrist. Some podiatrists carry a small selection of diabetic shoes and some specialized shoe companies carry them. FOOTPRINTS Shoe Company in Newington, CT (off Berlin Turnpike) and Alvaro's Orthopedic Footwear and Shoe Service in Danbury, CT do carry them. Please call and check first! Check with a doctor regarding the use of compression hose and foot massage for improving circulation. Walking is always beneficial!

Article by: Dr. Cynthia Cornelius, Brookfield Podiatry, Brookfield, CT
Marion Pollack, RN, Western CT Area Agency on Aging Staff.

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)



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Stop Ageism Now—Join Our Campaign!

Many older adults report being discriminated against due to their age. According to the Equal Employment Opportunity Commission (EEOC) there were over 20,000 age discrimination complaints filed in 2016 alone and unfortunately, this number increases every second. Some of the discriminatory saturations that seniors are facing may include: being treated with less respect, receiving poorer service than other people in restaurant and stores, receiving poorer service in hospitals, being treated as not clever and being threatened or harassed.



Below are four simple ways to begin to fight Ageism.

Exercise - Join a gym or begin walking outside. You can also join your local senior center and participate in their various activities; such as: Exercising, dancing and much more. Surrounding yourself with other active individuals will motivate and push you to maintain a healthy lifestyle. Not only will you feel younger and healthier, but according to healthline.com, another benefit of regular exercise is that it can help you feel happier. You may even notice a difference to your brain health and memory when you maintain an active lifestyle. If you are a younger individual, you can make seniors feel welcomed at your gym.

Be engaged - Staying active is important and being mentally active is just as important. A simple way to be mentally engaged is to follow the news. When you follow the news, you are showing your family and friends that you are aware of what's going on around you. Another way to you continue to be both physically and mentally active is by volunteering. You can ask your fellow seniors to join your movement or organization so that your program can benefit from their talent and knowledge. WCAAA has many volunteering opportunities that will help you give back and be part of our community.

Speak Up - If you feel that you are a victim of ageism or you see someone being affected by ageism, speak up! The only way to make a difference is to say something, because most people are thinking the same thing you are, but do not take the time to speak up.

Talk to your grandchildren ABOUT AGEISM AND DISCRIMINATION IN GENERAL- discrimination begins at an early age and be based on personal experiences; frequently it is taught at home. Teach children o recognize other talents and skills without regard to age, sex, disability or ethnicity. Begin by recognizing skills and talents in friends, relatives. Create an environment of praise for others as oppose to talking about their limitations. Recognize what others CAN do-not what they can't do. We have all been guilty of using these phrases: he/she is too old to do that; he/she is too old to walk that far; they will never understand because they are too old; what do you expect at age 90? 94? REMEMBER: Age should be viewed as a sign of increasing wisdom, skill based on life experience.

The five Area Agencies on Aging have started a campaign to end ageism. We are asking you to join our campaign taking the pledge on our website at <http://wcaaa.org/home/stop-ageism-now>. Once you have pledged, we will add your name to the list of people who have also joined the fight to end ageism. Together, we can bring awareness to society and break down the chain of unfair policies.

Let's unite our voices and STOP AGEISM NOW!

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Visit MYMEDICARE.gov and see a description of the service you receive and the date they were performed and the next date that you will be eligible for the service.

Take preventive steps today toward better health. Know your health history. Talk to your doctor about preventive services right for you. Register at MyMedicare.gov on any computer connected to the internet.

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SPRING IS A GOOD TIME FOR...

- Clean your refrigerator; get rid of old food!
- Search for mold that can worsen allergies. Use soap and water or 1 cup of bleach to 5 gallons of water. Keep these solutions away from food
- Have your chimney cleaned professionally
- Get rid of dust mites that also trigger allergies by vacuuming really well; shake out pillows; vacuum carpets and furniture.





I have a Medicare Advantage Plan. I just received a document listing costs for all the health care services I received last month. There are several different columns that show different amounts of money—do I have to pay for everything on here?

Paul (Mobile, AL)

Dear Paul,

It sounds like the document you are looking at is your Explanation of Benefits (EOB). An EOB is the notice that your Medicare Advantage Plan or Part D prescription drug plan typically sends you after you receive medical services or items. EOBs are usually mailed once per month, and some plans give you the option of accessing your EOB online.

You only receive an EOB if you have a Medicare Advantage Plan or a Part D prescription drug plan. An EOB is not the same as a Medicare Summary Notice, which you get if you have Original Medicare.

It is important to know that an EOB is not a bill. Your EOB is a summary of the services and items you have received and how much you may owe for them. It tells you how much your provider billed your plan, the approved amount that your plan will pay, and how much you have to pay to the provider. While all EOBs provide the same information, the layout and other specifics may vary by plan. The amount that you are responsible for paying should be included in the “Your Share” column of the EOB. Remember that the EOB is not a bill. If you still owe anything, you should receive a bill directly from your doctor or other provider who performed the service. There are several reasons that you might be responsible for a bill:

- **You have not yet reached your deductible**, the amount that you must pay for health care expenses out of pocket before your health insurance plan begins to pay. Once you reach your deductible, your plan will begin paying for part or all of the covered services.
- **You owe a copayment, or copay**, which is a set amount that you pay each time you receive a service. You may have already paid this when you were leaving the doctor’s office.
- **You are responsible for a coinsurance**, which is a percentage of the cost of an item or service you received.
- **Your plan is denying your coverage.** If you are denied coverage for a service that you believe should have been covered, you should appeal this decision.

The final page of your EOB should include instructions for appealing this decision. For more assistance with appealing, you can contact your SHIP. If you don’t know how to contact your SHIP, you can call 877-839-2675 or visit www.shiptacenter.org. If you have any questions about your EOB, you should call your Medicare Advantage Plan using the phone number on the back of your insurance card. You should review your EOB to make sure it is accurate, and that you actually received the services and items on the dates of service listed. If there is any incorrect information (like, for example, if your EOB lists a service that you did not receive), you should call the listed provider to check if their office made a billing error. If you suspect that a provider is intentionally billing your Medicare Advantage Plan for services they did not deliver, that someone is using your Medicare number or card, or that some other form of fraud is occurring, you should contact your local Senior Medicare Patrol (SMP). Your SMP will be able to help you identify fraud and, if necessary, report it to the proper authorities. To contact your SMP, call 877-808-2468 or visit www.smpresource.org.

After you have reviewed your EOB, you should keep it somewhere safe. You may need it in the future to prove that payment was made if a provider’s billing department makes a mistake or if you claimed a medical deduction on your taxes. If you lose your EOB or need a duplicate copy, you should contact your Medicare Advantage Plan.

-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.

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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.