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Staff Editor
Kiara Carchi

Husky A and the Medicare Savings Program (MSP) have been Restored

Funding for the Medicare Saving Program and Husky A Medicaid has been re-stored for 2018. Governor Malloy signed budget legislation adopted by the General Assembly that includes full funding restoration for the Medicare Savings Programs (MSP). The legislation reverses cutbacks that had been scheduled to take effect in July 2018. This means that more than 113,000 beneficiaries that are currently getting MSP benefits, will continue to get the same benefits going forward. However, redetermination must be made every year to maintain eligibility.



Lawmakers also agreed to restore funding for the HUSKY A Medicaid program for about 13,500 low-income working parents.

To read full article please visit: http://digitaledition.courant.com/infinity/article_share.aspx?guid=187ae242-133d-4600-b587-4be9115d9591

WHAT IS THE WATERBURY BRASS PROJECT?

More than 20,000 seniors over the age of 60 live in Waterbury. If you are a Waterbury resident, 60+, and are looking to be part of a growing community, please call Francesca Robles at the Western CT Area Agency on Aging. YOU can become a BRASS member, and gain access to the excellent advocacy, resources, and many programs that Waterbury has to offer! BRASS is a Waterbury-based program that includes free membership and stands for "Bringing Resources to Action to Serve Seniors".

Francesca Robles represents the Western CT Area Agency on Aging and is one of three BRASS project components. She can screen seniors for state and federal program eligibility and assist them with applications, in addition to connecting them with appropriate community resources that can help address various needs.

Danessa Marshall is the Municipal Agent for the Elderly and Director of the Waterbury Senior Center, and she advocates for any senior in Waterbury who needs help voicing their concerns and complex needs.

Paola Vargas, the BRASS Program Coordinator from New Opportunities, Inc., helps senior center sites in Waterbury provide exciting and beneficial health and fitness classes as well as various educational programs to their members.

If you are interested in learning more about BRASS or would like to receive a copy of the BRASS Newsletter, please call Francesca Robles at (203) 757-5449 extension 168.

Source: Francesca Robles –WCAAA staff.





Dear Marci

How does Medicare Cover Skilled Therapy?

Dear Marci,
I have Original Medicare. My doctor told me I will need to have a large amount of outpatient physical and occupational therapy. My friend who used to get physical therapy said that Medicare only covers a certain amount. Is this true? What does Medicare cover?

-Nadine (Denver, CO)

Dear Nadine,
Medicare Part B covers outpatient therapy, including physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT). If you meet Medicare's eligibility requirements, Medicare covers therapy on a temporary basis to improve or restore your ability to function, or on an ongoing basis to prevent you from getting worse. Medicare should cover your outpatient therapy regardless of whether your condition is temporary or chronic.

You are eligible for Medicare coverage of therapy services if:

- You need skilled therapy services, and the services are considered safe and effective treatment for you
- Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision
- Your doctor or therapist creates a plan of care before you start receiving services
- Your doctor or therapist regularly reviews the plan of care and makes changes as needed.

Original Medicare covers outpatient therapy at 80% of the Medicare-approved amount. When you receive services from a participating provider, you are responsible for a 20% coinsurance after you meet your Part B deductible (\$183 in 2018).

Previously, there were limits, also known as the therapy cap, on how much outpatient therapy Original Medicare covered annually. However, in 2018, the therapy cap was removed. If your total therapy costs reach a certain amount, Medicare requires your provider to confirm that your therapy

is medically necessary.

In 2018, Original Medicare covers up to: \$2,010 for PT and SPL before requiring your provider to indicate that your care is medically necessary And, \$2,010 for OT before requiring your provider to indicate that your care is medically necessary.

Remember, Medicare pays for up to 80% of the Medicare-approved amount. This means Original Medicare covers up to \$1,608 (80% of \$2,010) before your provider is required to confirm that your outpatient therapy services are medically necessary. If Medicare denies coverage because it finds that your care is not medically necessary, you can appeal.

Keep in mind that outpatient therapy includes therapy received:

- At therapists' or doctors' offices
- At Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- At skilled nursing facilities (SNFs), where you are there as an outpatient or are otherwise ineligible for a Medicare-covered stay
- And, at home through therapists connected with home health agencies, when you are ineligible for Medicare's home health benefit.

If you are receiving therapy through the Medicare SNF benefit or the Medicare home health benefit, your therapy will be covered differently.

-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.

MEDICARE: Medicare.gov is the best website for evaluating medical facilities (including nursing homes), MDs and dialysis centers. Visiting the site is a four step process for the first visit but easy to maneuver after that first time. Visit the site to look at overall quality as well as obtain lots of information on cleanliness, length of stay and discharge data. Hospital Discharge Planners may be able to help access the website to review nursing homes prior to a patient's leaving a hospital. If you don't have access to a computer, please consider calling the WCAAA or your local senior center for assistance.



Source: Medicare.gov

Stop Ageism Now

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.

The five Area Agencies on Aging have started a campaign to end ageism. We are asking you to join our campaign by 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! And REMEMBER:
Age should be viewed as a sign of increasing wisdom, skill based on life experience.

Article by: Jose Maposito –WCAAA Staff.



LET MEDICAID GIVE YOU A RIDE

Medicaid covers the cost of emergency medical transportation for eligible individuals. An emergency is when your medical needs are immediate. Examples include having a heart attack or being seriously injured in a car accident. In cases like these, you may be taken to the emergency room by ground (ambulance) or air (medical flight). You do not need pre-approval for emergency transportation. If you need a ride to a medical appointment, Medicaid does not consider this an emergency, but you may still be able to get a ride. Medicaid covers rides for eligible individuals to and from the doctor's office, the hospital, or another medical office for Medicaid-approved care. This coverage is called "non-emergency medical transportation," because it does not involve a medical emergency. Medicaid may give you a ride if you do not have a car that works or do not have a driver's license. You may also be able to get a ride if you have a physical or mental disability or are unable to travel or wait for a ride alone. Coverage for these rides may be different depending on your individual situation and needs. You may need to get your State Medicaid agency's approval to qualify for a ride.

In CT, NEMT (Non-Emergency Medical Transportation) is the program that assists HUSKY Health Medicaid members in getting to and from their healthcare appointments. This is a limited transportation benefit that is provided to eligible Medicaid members in Connecticut who have no other way of getting to their medical, behavioral health or dental appointments.

WHO IS ELIGIBLE FOR NEMT? NEMT services are

only available to HUSKY A, C, D, and limited benefit members who cannot drive themselves, and/or do not have a neighbor, friend, relative, or voluntary organization that can transport them to their appointment.

WHO IS VEYO? Veyo is the NEMT contractor selected by the State of Connecticut to arrange transportation for HUSKY Health members. To schedule a Ride CALL VEYO AT 855-478-7350 and please have the following member information available before calling to schedule:

- Facility Name,
- Address of Appointment,
- Drop Off Address,
- If Appointment Is Repeating,
- Level of Transportation Required,
- Special Accommodations,
- Companion/Attendant Information,
- Medicaid Id #,
- Full Name,
- Date of Birth,
- Valid Phone Number,
- Pickup Address,
- Appointment Date,
- Appointment Time

Source: Centers for Medicare and Medicaid Services. <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/nemt-factsheet.pdf> and

<https://ct.ridewithveyo.com/>



What is the Connecticut Enrollment Helpline?

HAVE YOU SEEN OR RECEIVED THIS LETTER IN THE MAIL? **DO NOT BE AFRAID!**



Department of Social Services

Roderick L. Bremby
Commissioner

Sample A. Sample
123 Any Road
Any City, CT 99999

Beneficiary ID
XXXXXXXX

Dear Sample A. Sample,

Good news! **You may qualify** for help paying for food through the Supplemental Nutrition Assistance Program (SNAP).

We are working with the Connecticut Enrollment Helpline to **help you apply for SNAP**. Thousands of Connecticut adults age 60+ already receive up to \$108 each month to buy healthy food.

A quick phone call is all it takes to get started.

Call our partners at the Connecticut Enrollment Helpline at **1-855-486-9334**, Monday through Friday, 9:00 am – 5:00 pm.

The call is **FREE**. Their friendly staff can help you apply over the phone.

Sincerely,

Roderick L. Bremby
Commissioner
CT Department of Social Services

P.S. Call the CT Enrollment Helpline today. It could save you nearly \$1,300 for groceries each year!



This institution is an equal opportunity provider and employer.

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The Department of Social Services (DSS) is sending clients a letter offering assistance to enroll in the State Nutrition Assistance Program (SNAP) and provides a toll-free contact number, the Connecticut Enrollment Helpline at 1-855-486-9334. DSS is partnering with Benefits Data Trust, a legitimate agency to help enroll people into SNAP (State Nutrition Assistance Program). The letters are being sent to individuals who are 60 years or older who already receive medical benefits from the state but are not currently receiving SNAP benefits.

The Connecticut Enrollment Helpline listed in the letter is operated by the Benefits Data Trust. Individuals may also be contacted by phone. Individuals are not required to accept assistance from Benefits Data Trust. However, if they do accept assistance, the applications are on line. This is a state-wide, six-month pilot program. If you have any questions about these letters, please contact your local Senior Medicare Patrol [at Western CT Area Agency on Aging at 203.757.5449 ext. 160.](#)

Article by: Amanda Halle –WCAAA Staff.

Choosing Healthy Meals As You Get Older

Making healthy food choices is a smart thing to do—no matter how old you are! Your body changes through your 60s, 70s, 80s, and beyond. Food provides nutrients you need as you age. Use these tips to choose foods for better health at each stage of life.

1. **Drink plenty of liquids:** Limit beverages that have lots of added sugars or salt.
2. **Make eating a social event:** A senior center or place of worship may offer meals that are shared with others.
3. **Plan healthy meals:** Get advice on what to eat, how much to eat, and which foods to choose. Trusted sites: ChooseMyPlate.gov and the National Institute on Aging.
4. **Know how much to eat:** Learn to recognize how much to eat so you can control portion size.
5. **Vary your vegetables:** Most vegetables are a low-calorie source of nutrients. Vegetables are also a good source of fiber.
6. **Eat for your teeth and gums:** Eating softer foods can help. Try cooked or canned foods like

unsweetened fruit, low-sodium soups, or canned tuna

7. **Use herbs and spices:** Medicines may also change how foods taste. Add flavor to your meals with herbs and spices.
8. **Keep food safe:** Avoid certain foods that are always risky for an older person, such as unpasteurized dairy foods. Other foods can be harmful to you when they are raw or undercooked, such as eggs, sprouts, fish, shellfish, meat, or poultry.
9. **Read the Nutrition Facts label** Pay attention to important nutrients to know as well as calories, fats, sodium,
10. **Ask your doctor about vitamins or supplements** Your doctor will know if you need them. More may not be better. Some can interfere with your medicines or affect your medical conditions.

Source: U.S. Department of Health & Human Services And the National Institute on Aging.
<https://www.nia.nih.gov/health/choosing-healthy-meals-you-get-older>



TEN SUMMER HEALTH TIPS FOR SENIORS

It is important to stay safe and cool in the hot weather months. Here are some safety tips.

1) Avoid Heat Stroke
Signs include high temperature, flushed face, nausea, and confusion.

Contact your healthcare provider immediately.

2) Stay Hydrated

Signs of dehydration include rapid heartbeat, lightheadedness, and dry mouth.

3) Drink Plenty of Water

The standard recommended amount is 8 glasses every day.

4) Manage Caffeine Intake

Coffee, tea, and caffeinated beverages can dehydrate you. It is helpful and important to drink at least one glass of water for each caffeinated beverage.

5) Apply Sunblock

Apply sunblock at least one hour before going outdoors.

6) Cool Down

Take a cool shower after being outdoors to lower your body temperature.

7) Keep Cool Inside

During daytime hours close blinds and curtains to keep your home cooler.

8) Stay Cool

During really long hot stretches, consider a “staycation” in a local hotel if you don’t have air conditioning.

9) Exercise Smart

Consider changing your exercise routine to an indoors location during the summer months (ie. Swimming pool or classes at a gym).

10) Plan Your Exercise Time

Take advantage of cooler times of the day for your outdoor activity such as early morning or evening. The sun is at its weakest during these time periods.

ENJOY YOUR SUMMER!!!!!!

Article: Mary Moran-WCAAA-Staff



MEDICARE— 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 20 or more 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 fewer than 20 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.

Note: In some cases, your employer may join with other employers or unions to form or sponsor a multiple-employer plan. If this happens, the size of the largest employer/union determines whether Medicare pays first or second.

For more information, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view the booklet “Medicare & Other Health Benefits: Your Guide to Who Pays First.” If you have other insurance or changes to your insurance, you need to let Medicare know by calling Medicare’s Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. TTY users can call 1-855-797-2627.

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

BE PREPARED FOR EMERGENCIES

Hurricane season is nearly here in Connecticut. It runs from June 1st through November 30th. It is important to be prepared for any emergency or natural disaster. Develop a plan with your family. Pick a safe place in your home where you can go in an emergency situation. Choose your family contacts. Create an emergency supply kit with the following items:

- Water – One gallon of water for each person each day.
- Food – Canned or packaged food that requires no refrigeration (soup, tuna fish, peanut butter, etc.)
- Manual can opener, paper plates, plastic utensils.
- Battery powered flashlight, radio, extra batteries.
- First aid kit
- Paper towels and toiletries.
- Extra medication.
- Pet food if you have a pet.
- Blanket / sleeping bag.

Make a list of important phone numbers of family members, physicians, pharmacy, and utility companies. If you use a home health care agency, inform them of your emergency plan. Be sure that the agency has your family contact information. Be safe and enjoy the summer!!

CONNECTICUT GUIDE TO EMERGENCY PREPAREDNESS



After reading and completing this guide, keep it in a safe place so you will always know where to find it.

Article by: Mary Moran –WCAAA Staff, **Source:** “Connecticut Guide to Emergency Preparedness:” The CT Dept. of Public Health

TICKET TO WORK

Ticket to Work is a Social Security Administration employment service that helps people with disabilities decide if working is right for them. The goal of the program is to help disabled individuals reduce or eliminate their dependence on Social Security Disability Income (SSDI) and/or Supplemental Security Income (SSI) with the help of a privately contracted company called MAXIMUS. Social Security Administration’s website and help line for the Ticket to Work program is administered by MAXIMUS, who help direct disabled individuals to their local Employment Networks (ENs) and state Vocational Rehabilitation (VR) Agencies. Persons with disabilities collecting SSDI and/or SSI may receive a “ticket” that will allow them to take advantage of the services provided by the Ticket to Work Program. Participation and services provided by the Ticket to Work program are free and voluntary. Services Includes:

- Career Counseling
- Vocational Rehabilitation
- Job Placement
- Job Training

Who Provides these services?

- Employment Networks (EN)
- State Vocational Rehabilitation (VR) agency

Who is eligible?

- People 18 through 64 years of age who are receiving Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) benefits
- His or her disability must be an eligible disability to

participate in the Ticket to Work Program.

Who is not eligible?

- Beneficiaries whose conditions are expected to improve and who have not had at least one continuing disability review
- Childhood SSI beneficiaries who have attained age 18 but who have not had a re-determination under the adult disability standard

What are the Incentives?

- You can keep your Medicare/Medicaid while working
- Access to individualized support services
- Trial Work Period (TWP)
- You may test your ability to work during a 9-month period and still receive full SSDI benefits no matter how much you earn (work activity must be supported)
- ◊ If blind, rules regarding what incentives or employment supports people receiving disability payment get, are more generous.

How to get in contact?

- Social Security Administration
- Help line (1-866-968-7842 / 866-YOURTICKET) TTY (1-866-833-2967)
- Website: YourTicketToWork.ssa.gov

Source: CHOICES Department, 2-1-1 Connecticut & Social Security Administration,

Benefits of Evidence-Based Program (EBP)

We have been excited about EBPs because they appear to be very beneficial. In short, they work! According to the Nation Council on Aging, evidence-based programs (EBPs) offer proven ways to promote health and benefits, so you can be confident they work. Older adults who participate in EBPs can lower their risk of chronic diseases and falls or improve long-term effects of chronic diseases or falls.

Tested model programs are translated into practical, effective community-based programs. If you participate, you will receive a packaged program with a variety of supportive materials. Examples include Stanford's Chronic Disease Self-Management Program, such as Live Well with Diabetes; A Matter of Balance for falls prevention; and Healthy IDEAS for depression management.

Benefits to older adults include: improved quality of life; increased self-efficacy in managing one's health; increased or maintained independence, positive health behaviors, or mobility; reduced disability (fewer falls, later onset or fewer years of disability, etc.); reduced pain; and improved mental health, including delays in loss of cognitive function and positive effects on depressive symptoms.

If you are interested, call the WCAAA to find on EBP in your area.

Article by: Debby Harowitz—WCAAA Staff. **Source:** National Council on Aging: <https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/about-evidence-based-programs/>

Cooking Meat? Check the New Recommended Temperatures

On May 24, USDA made some important changes in their recommended cooking temperatures for meats. Here's what you need to know:

Cooking Whole Cuts of Pork: USDA has lowered the recommended safe cooking temperature for whole cuts of pork from 160 °F to 145 °F with the addition of a three-minute rest time. Cook pork, roasts, and chops to 145 °F as measured with a food thermometer before removing meat from the heat source, with a three-minute rest time before carving or consuming. This will result in a product that is both safe and at its best quality—juicy and tender. **Cooking Whole Cuts of Other Meats:** For beef, veal, and lamb cuts, the safe temperature remains unchanged at 145 °F, but the department has added a three-minute rest time as part of its cooking recommendations.

What Cooking Temperatures Didn't Change? Ground Meats: This change does not apply to **ground** meats, including beef, veal, lamb, and pork, which should be cooked to 160 °F and do not require a rest time. **Poultry:** The safe cooking temperature for all poultry products, including ground chicken and turkey, stays the same at 165 °F.

What Is Rest Time? "Rest time" is the amount of time the product remains at the final temperature, after it has been removed from a grill, oven or other heat source. During the three minutes after meat is removed the heat source, its temperature remains constant or continues to rise, which destroys harmful bacteria.

Why Did the Recommendations Change? It's just as safe to cook cuts of pork to 145 °F with a three-minute rest time as it is to cook them to 160 °F, the previously recommended temperature, with no rest time. The new cooking recommendations reflect the same standards that the agency uses for cooked meat products produced in federally inspected meat establishments, which rely on the rest time of three minutes to achieve a safe product.

Having a single time and temperature combination for all meat will help consumers remember the temperature at which they can be sure the meat is safe to eat.

How Do You Use a Food Thermometer? Place the food thermometer in the thickest part of the food. It should not touch bone, fat, or gristle. Start checking the temperature toward the end of cooking, but before you expect it to be done. Be sure to clean your food thermometer with hot soapy water before and after each use.



Source: US Department of Agriculture: Meat and Poultry Hotline in Health and Safety-Diane Van, Manager, <https://www.usda.gov/media/blog/2011/05/25/cooking-meat-check-new-recommended-temperatures>



HOW CAN I APPEAL A DENIAL BY MY PART D PLAN?

Dear Marci,

My doctor prescribed a medication for my heart condition, but when I went to the pharmacy to pick it up, my pharmacist said that my plan would not cover it. I called my Part D plan and they told me that my drug was not on their formulary. What can I do?

Logan (Tallahassee, FL)

Dear Logan,

A formulary is a prescription drug plan's list of covered drugs. If your Part D plan told you that this drug was off-formulary, it means that your plan does not usually cover it. You do, however, have options to get your drug covered. You should speak with the provider who prescribed this medication. Your provider may be able to prescribe a similar medication that is on your plan's formulary. If your doctor believes that you need the off-formulary medication, because the available medications on the plan's formulary would be unsafe or ineffective for treating your condition, ask your provider if they can assist you with an appeal to get the medication covered.

First, you or your doctor must file an exception request (a formal coverage request) with your plan. Contact your plan to learn how to file an exception request. Your provider should write a letter of support for your request. Your doctor may file on your behalf, but is not required to do so. Your plan should issue a decision within 72 hours. You can request a fast (expedited) exception request if you or your provider feel that your health could be seriously harmed by waiting the standard timeline for a decision. If your doctor supports your decision to file an expedited exception request, the plan must follow the expedited timeline. You can request an expedited exception request without your doctor's support, but in this case, your plan does not have to follow the expedited timeline. If the plan grants your request to expedite the process, you will get a decision within 24 hours of the initial request. If your exception request is approved, your drug will be covered. If your exception request is denied, your plan should send you a Notice of Denial of Medicare Prescription Drug Coverage. You have 60 days from the date listed on this notice to begin the formal appeal process by filing an appeal with your plan. This is true regardless of whether your appeal is under standard or expedited review. Follow the directions on the notice. If your doctor is not appealing on your behalf, you may want to ask your doctor to write a letter of support addressing the plan's reasons for not covering your medication. Your plan should issue a decision within seven days, or within 72 hours if you are filing an expedited appeal. If your plan approves your appeal, your drug will be covered. If your plan denies your appeal, there are several further levels of appeal you can pursue. Follow the instructions on the denial notice to learn how to appeal and where to send appeals materials. During the appeals process, you might pay out-of-pocket to get the drug our plan is denying. If you do this and later win your appeal, the plan should reimburse you. Keep receipts and submit them to your 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. "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.



****MEDICARE—**Medicare covers care in "long term care" in an appropriate LTC hospital in Connecticut through Medicare Part A IF BOTH OF THESE CONDITIONS APPLY: you have more than one serious condition AND you may improve with time and care and return home. Gaylord Hospital (Wallingford), Hospital for Special Care (New Britain) and VA (Rocky Hill) are designated LTC Hospitals in CT.

Generally, it does not cost more for long-term hospital care than acute hospital care. Under Medicare, you are responsible for one deductible for any benefit period, whether you are in a LTC or acute care hospital. You will not have to pay a second deductible in a LTC Hospital if you are transferred to a LTC hospital FROM an acute care hospital or you are admitted to a LTC hospital within 60 days of being discharged from an inpatient hospital stay. IF YOU ARE ADMITTED TO THE LTC Hospital more than 60 days after any previous stay, a new benefit period begins. You will have to pay a deductible and coinsurance related to the new benefit period (same as if you were being admitted to an acute care hospital).

Source: Medicare.gov

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, I pads, phone amplifiers, vibrating alarm clock and talking watch, just to name a few.

Solar Shield Contrast Enhancing Eyewear.

These sunglasses are great. When you put them on it just enhances and improves visual acuity.

Features & Benefits

- * Prevents fatigue & discomfort due to intraocular glare, * Engineered to fit over Rx Frames
- Soft temples offer added comfort & a custom fit. * Contemporary Lightweight Design. * Lenses Block 100% UVA/UVB Light. * The Yellow polycarbonate lens provide medium range blue light filtering, which is ideal for contrast enhancement and improves visual acuity.



The Echo Smartpen,

The Echo Smartpen is a computer in a pen. Along with a special dot paper note book, you can capture everything you hear, write, say or draw. Replay your meetings or lectures simply by tapping on your notes. Transfer your notes and audio to your computer and recharge your Smartpen via USB cable which is included with the pen. Download Livescribe Desktop and it will save everything for fast, easy access to what's important. Easily share your notes and audio recordings as a PDF or audio file. The ergonomic grip design provides comfort on the hands during long meetings and lectures.



TV Ears

These have helped thousands of people with hearing loss hear the television clearly without turning up the volume! All you do is charge the base and plug it into the TV and remove the Ears to listen to the TV. With TV Ears technology, you set your own TV Ears headset volume and tone while others around you set the volume of the television to a pleasant level or even mute the volume altogether. Imagine watching television with your family again and hearing every word clearly. As thousands of our customers have said, "TV Ears has changed our lives!"



Please call Charlene @203-757-5449 ext. 101 to make an appointment for a presentation or email cwicks@wcaaa.org

Get Your Social Security Benefit Verification Letter Online



If you need proof you get Social Security benefits, Supplemental Security (SSI) Income, or Medicare, you can get a benefit verification letter online by using your personal my Social Security account.

This letter is sometimes called a "budget letter," "benefits letter," "proof of income letter," or "proof of award letter." Organizations may request this letter from you if you apply for state or local benefits, a mortgage, assisted housing, or a loan.

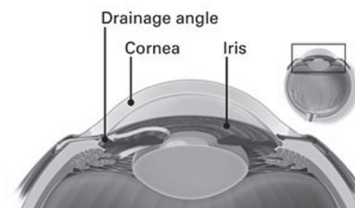
You can also get proof that you have never received Social Security benefits or Supplemental Security Income, or proof that you have applied for benefits.

To get any of these kinds of benefit verification letters, visit www.socialsecurity.gov/myaccount. If you can't or don't want to use your online account, or you need a letter for a dependent, you can call SS at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m.

Source: Social Security Administration:
<https://www.ssa.gov/news/newsletter/>

Glaucoma

Many people in the community have heard of friends or relatives having a condition called "glaucoma" but have not understood the significance of this eye disease until it strikes "home!" It has been said to be a leading cause of blindness for people over 60, but may be prevented with early treatment! This disease damages your eye's optic nerve and usually happens when fluid builds up in the front part of your eye. The extra fluid increases the pressure in your eye, damaging the optic nerve.



What causes glaucoma? Your eye constantly makes clear liquid inside the front part of our eyes, nourishing the eye and keeps it inflated. It is different than tears, which are outside the eye! The fluid drains out through an area called the drainage angle. This process keeps pressure in the stable. If the drainage angle is not working properly, fluid builds up and pressure inside the eye rises, damaging the optic nerve.

There are two major type of glaucoma:

1. Primary open-angle glaucoma (most common type) is painless and causes no vision changes at first.
2. Closed -angle glaucoma (happens when iris is very close to the drainage angle and can block it. When the drainage angle gets completely blocked, eye pressure rises very quickly. This is called an acute attack—a true eye emergency and must be treated immediately!

Signs

Vision is suddenly blurry
Severe eye pain
Headache
Nausea
Vomiting
Seeing rainbow - colored rings or halo around lights

Who is at risk for glaucoma?

People over age 40,
Have family members with glaucoma,
Have high eye pressure,
Are of African or Hispanic heritage,
Are farsighted or nearsighted.
Have had an eye injury,
Have corneas that are thin in the center,
Have been told they have thinning of the optic nerve,
Have diabetes, migraines, poor blood circulation or other health problems affecting the whole body

How is glaucoma diagnosed?

The only sure way to diagnose glaucoma is with a complete eye exam. A glaucoma screening that only checks eye pressure is not enough to find glaucoma. Glaucoma damage is permanent--- it cannot be reversed. Medicine and surgery help to stop further damage. Because glaucoma often has no symptoms, you should have regular check-ups with an ophthalmologist!



AMERICAN ACADEMY™
OF OPHTHALMOLOGY

Article by: Marion Pollack, RN, WCAAA Staff,
Resource: American Academy of Ophthalmology



MEDICARE— Do you get automatic prescription refills in the mail?

Some people with Medicare get their prescription drugs by using an "automatic refill" service that automatically delivers prescription drugs when they're about to run out.

To make sure you still need a prescription before they send you a refill, prescription drug plans should get your approval to deliver a new or refilled prescription before each delivery, except when you ask for the refill or new prescription. If you get a prescription automatically by mail that you don't want, and you weren't contacted to see if you wanted it before it shipped, you may be eligible for a refund.



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

Who are the organizations offering enrollment assistance? How did they get my information?



What is My Advocate?

The Senior Medicare Patrol at WCAAA has received inquiries from individuals who have been contacted by an organization called “My Advocate,” a company based in Weston, Florida and Alpharetta, Georgia, offering their assistance in helping the client with their redetermination application for the Medicare Savings Program.

Clients tend to be confused why “My Advocate” is contacting them. According to their website, My Advocate partners with some Medicare Advantage plans to assist their members in finding and applying for social benefit programs they may qualify for at no cost. These programs include Medicare Savings Program and Extra Help, programs that help with the cost of Medicare Part B premiums and Part D prescription drug costs.

Because of the numerous Federal and State programs around the country, some unique to specific states, “My Advocate” has developed a comprehensive database compiling these cost-savings programs from around the country. While “My Advocate” is a legitimate resource, if you have questions about unsolicited requests for social benefit services you receive either by mail or by phone, either hang up or contact your local Senior Medicare Patrol at Western CT Area Agency on Aging at 203.757.5449 ext. 160.

In addition, if you have any questions about social benefit programs available to seniors and those individuals with disabilities residing in CT, please contact a CHOICES counselor at 203 757-5449.

Article by: Amanda Halle –WCAAA Staff.
Resource: <https://www.myadvocatehelps.com/>

SNAP (Supplemental Nutrition Assistance Program)

SNAP is a federal program operated through USDA that offers nutrition assistance for eligible persons. SNAP participants receive a fixed amount of money benefits on an EBT card (electronic benefit transfer) that can be used to purchase food at authorized retail stores. Once approved, eligible participants should check their EBT account as benefits are usually available there within 30 days of filing an application and receiving approval. Eligible foods for purchase are food/food products intended for home preparation and human consumption. Certain nonfood items such as soap, paper products, medicines and vitamins, household supplies, alcohol, tobacco or hot food are not eligible for SNAP. According to USDA, items that carry a Nutrition Facts label are usually eligible foods. Items that carry a supplemental facts label are classified by the Food & Drug Administration as supplements and are not eligible.



If you do visit the USDA website, type in recipes for a very long list of delicious and healthy recipes using popular foods.

Source: USDA.gov

*****Don't forget** that we are changing the CRIER name to **WCAAA Insider** – look for the new newsletter including new format beginning in October. Also, check out our new website – wcaaa.org. We would love to hear from you and receive your feedback.

Thank you! ***

A large, orange, multi-pointed starburst graphic with a black outline. Inside the starburst, the words 'DON'T FORGET!' are written in a bold, black, sans-serif font.

**DON'T
FORGET!**

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*This publication / project was
supported by the CT State
Department on Aging with funding,
in whole or in part, through
a grant from the
Administration for the Living Community.*

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VISIT US AT OUR WEB SITE:

WWW.WCAAA.ORG

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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.