

## MEDICARE FRAUD PREVENTION WEEK

6/5-6/11



SUPPORTED BY GRANT # 90MPC0002 FROM ACL



Medicare Fraud Prevention Week focuses on the actions everyone can take to prevent Medicare fraud, errors, and abuse.

Medicare Fraud Prevention Week starts on June 5, or 6/5, because most people become eligible for Medicare when they turn 65.

Medicare Fraud Prevention Week is hosted by the Senior Medicare Patrol, known as the SMP. The SMP is a national program to educate Medicare beneficiaries about Medicare fraud, errors, and abuse.

*Learn how you can protect yourself and your loved ones from Medicare fraud by joining us every day of Medicare Fraud Prevention Week from 6/5 through 6/11 for a different message on the national social media platforms or by connecting with your local SMP in your state.*

**Read more on Medicare Fraud Prevention Week on page 7**



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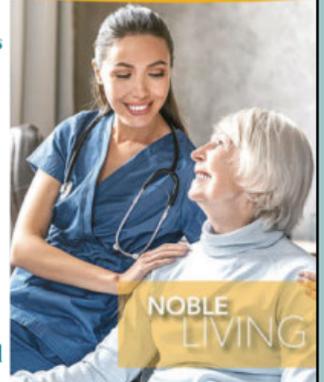


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Western CT Area Agency on Aging

06-5310

## Medicare Coverage of Mental Health and Addiction Treatment

**What is mental health care?** Mental health care refers to services and programs intended to help diagnose and treat mental health and illnesses. A mental illness or mental health condition affects your thinking, feeling, or mood. Some examples include depression, anxiety, and schizophrenia. Some also consider addiction, like opioid use disorder and alcoholism, to be mental health conditions. Mental health conditions are typically not the result of any single event or circumstance. Rather, they are complicated conditions involving multiples factors. More than 50% of people will be diagnosed with a mental health condition at some point in their life.

Outpatient care	Prescription drugs	Inpatient care
<p>Medicare Part B covers outpatient mental health care, including but not limited to:</p> <ul style="list-style-type: none"> <li>Individual and group therapy</li> <li>Substance use treatment</li> <li>Activity therapies, like art or dance therapy</li> <li>Annual depression screening</li> <li>Opioid treatment program (OTP) services</li> </ul> <p>If you have Original Medicare, you usually owe a 20% coinsurance. If you have a Medicare Advantage Plan, contact your plan for costs.</p>	<p>Medicare Part D covers prescription drugs needed for mental health treatment, through either a:</p> <ul style="list-style-type: none"> <li>Stand-alone Part D plan</li> <li>Medicare Advantage Plan</li> </ul> <p>Before joining a plan, make sure that it covers your medications.</p> <p>Part D plans are required to cover many drugs used to treat mental health conditions. This includes all antidepressant, anticonvulsant, and antipsychotic medications, with limited exceptions.</p>	<p>Medicare Part A covers inpatient mental health care in:</p> <ul style="list-style-type: none"> <li>General hospitals</li> <li>Psychiatric hospitals</li> </ul> <p>General and psychiatric hospitals have the same out-of-pocket costs, which include the Part A deductible and daily coinsurances after 60 days of inpatient care. Contact your Medicare Advantage Plan for exact costs and rules.</p> <p>Medicare only covers up to 190 days of inpatient care at a psychiatric hospital in your lifetime. This limit does not apply to general hospitals.</p>

## WILL MEDICARE COVER THE COST OF ANY MENTAL HEALTH CARE PROVIDER?

- Consider these factors about providers to limit your out-of-pocket costs for mental health care:
- Make sure your provider accepts Medicare assignment. This means that they accept Medicare's approved amount as full payment for a service. Psychiatrists are more likely to have opted out of Medicare, meaning they do not accept Medicare payment at all.
- Check that any non-medical providers, like psychologists or clinical social workers, are Medicare-certified. Medicare will only pay for the services of these providers if they are Medicare-certified and take assignment. Medicare does not allow some types of providers to become Medicare-certified, so you will have to pay the full cost. Examples include Licensed Mental Health Counselors and Credentialed Alcoholism and Substance Abuse Counselors.
- Choose partial-hospitalization programs or Opioid Treatment Programs (OTPs) that accept Medicare.
- If you have a Medicare Advantage Plan, make sure that any provider you see is in your plan's network.

## WHO SHOULD I CONTACT IF I NEED HELP RELATED TO MY MENTAL HEALTH CARE

- **Your doctor:** Your doctor may recommend mental health specialists to you and review/create a health plan that's best for you.
- **988 Suicide and Crisis Lifeline:** Call or text 988 for 24/7 support. Counselors can help & give you resources when you are in crisis.
- **Medicare:** If you have Original Medicare, call 1-800-MEDICARE (633-4227) or visit: [www.medicare.gov](http://www.medicare.gov) to find mental health care providers in your area.
- **Medicare Advantage Plan:** Contact the plan directly to find providers who are in network and learn about costs or restrictions.
- **Part D plan:** Contact your plan to see if your prescription drugs are covered. If they are not, you and your doctor can request an exception or file an appeal.
- **State Health Insurance Assistance Program (SHIP)** for individualized assistance with your Medicare coverage and costs.
- **Senior Medicare Patrol (SMP):** Contact your SMP if you believe you have experienced potential Medicare fraud, abuse, or errors.

**Resources:** <https://www.medicareinteractive.org/medicare-minutes/medicare-coverage-of-mental-health-and-addiction-treatment> | SHIP Technical Assistance Center: 877-839-2675 | [www.shiphelp.org](http://www.shiphelp.org) | [info@shiphelp.org](mailto:info@shiphelp.org) | SMP Resource Center: 877-808-2468 | [www.smpresource.org](http://www.smpresource.org) | [info@smpresource.org](mailto:info@smpresource.org) | © 2023 Medicare Rights Center | [www.medicareinteractive.org](http://www.medicareinteractive.org) |

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Senior Medicare Patrol (SMP): Contact your SMP if you believe you have experienced potential Medicare fraud, abuse, or errors.



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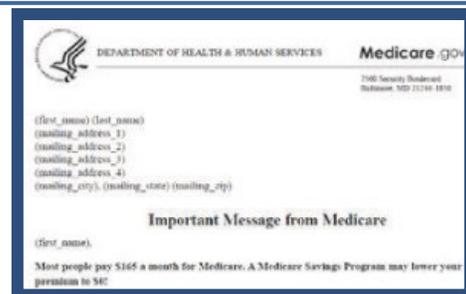


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## CMS Medicare Savings Program Pilot Outreach Program Letters -Did You Receive One?

Connecticut has been selected as one of five states to participate in a pilot program to increase enrollment into the Medicare Savings Program (MSP) by Medicare beneficiaries. The Department of Health and Human Services in conjunction with the Center for Medicare and Medicaid Services (CMS) sent out letters in the last week of April to over 78,000 individuals in CT who may be eligible for the program. A follow up letter is scheduled to be mailed at the end of May. Note, this is not a scam. Below is a sample of the upper portion of the letter with the official logo of the Department of Health and Human Services and *Medicare.gov* and a headline that reads, "Important Message from Medicare." The letters will be in both English and Spanish.



**Help Us Track This Program:** CMS is very interested in tracking this program, so if you receive a letter from the Department of Health and Human Services and Medicare, please contact the Western CT Area Agency on Aging and ask to speak to a SHIP/CHOICES Counselor and we would be happy to answer any questions and/or help you apply for MSP. When you call the agency, please have the letter available.

**What is the Medicare Savings Program (MSP)?** The Medicare Savings Program is a federal program administered by the state and is designed to help low-income individuals on Medicare pay for some of their healthcare costs such as premiums, co-payments and deductibles. In CT, eligibility for the program is based upon gross income only, not assets. Some examples of gross income include: social security retirement or disability benefits, pensions, dividends/interest, required IRA distributions, workers' compensation, unemployment compensation, and rental property income. Please note, if one is still earning a wage, one should not be discouraged in applying because Connecticut does not consider your full wage but rather, a partial amount.

Generally, if your monthly income is at or below these levels...	All MSP levels qualify you for Extra Help/Low Income Subsidy You may also qualify for...
\$ 2,564 single \$ 3,468 couple	<b>OMB</b> - This program is similar to a "Medigap" policy. It pays your Part B premium <sup>(1)</sup> and all Medicare deductibles <sup>(2)</sup> and co-insurance. <sup>(3)</sup> <sup>(1)</sup> Your Medicare Part B covers doctor costs, outpatient services and some preventive care. <sup>(2)</sup> The deductible is the amount that you pay for medical services before Medicare or any other insurance begins to pay. The amount changes every year. <sup>(3)</sup> Co-insurance is the portion of Medicare-approved services that you are responsible for paying. <sup>(4)</sup> It protects you from being billed for any Medicare-covered services.
\$ 2,807 single \$ 3,797 couple	<b>SLMB</b> - This program pays for your Part B premium.
\$ 2,989 single \$ 4,043 couple	<b>ALMB</b> - This program pays for your Part B premium. This program is subject to available funding and is not available to individuals with Medicaid.

Depending upon your monthly income, there are three levels of the MSP. All three levels pay the Part B premium which is currently \$164.90 and taken out of your social security check each month. If you are eligible for MSP, you are eligible for the low-income subsidy (LIS) program also called "Extra Help" which helps pay for your prescription drugs by capping the price of generic drugs at \$4.15 and brand-name drugs at \$10.35. The third level called Qualified Medicare Beneficiary (QMB) not only pays for the Part B premium and gives you assistance paying for your prescription drugs, it acts like a Medigap or Supplemental plan and covers deductibles and co-payments. See income eligibility guidelines chart for CT.

*Submitted by:* Amanda Halle, WCAA staff  
*Sources:* Centers for Medicare and Medicaid Services (CMS) and Administration for Community Living: CMS Medicare Savings Program Pilot Outreach webinar, March 13, 2023.

## What Does The End of the Public Health Emergency (PHE) Mean For COVID Testing & Vaccines for Older Adults?

During the Public Health Emergency (PHE), the Federal Government enacted a number of waivers making it easier for older adults to receive COVID testing and vaccines without incurring out-of-pocket expenses. The Biden Administration will end the Public Health Emergency (PHE) on May 11, 2023. After that date, some cost-sharing charges for services related to COVID testing and vaccines will return to pre-Pandemic levels. This may result in some Medicare beneficiaries incurring cost-sharing charges for services related to COVID testing and vaccines.

Below is a partial list of changes related to COVID 19 testing and vaccines once the PHE is lifted:

- \* Medicare and private insurers will no longer be required to provide 8 FREE at-home COVID 19 tests per month
- \* Individuals on Medicare Advantage and private insurance plans may have cost-sharing charges for a provider-ordered Polymerase Chain Reaction (PCR) test and testing visits. Check with your insurance plan for details.
- \* While individuals on traditional Medicare will have no cost-sharing for COVID-19 vaccines they may have cost sharing charges for testing-related visits
- \* Individuals on Medicare Advantage plans may be charged a co-payment/co-insurance if they go out of network to receive their COVID 19 vaccine.
- \* Requirement that Part D plans provide 90-day supply of a drug will end

*Submitted by:* Amanda Halle, WCAA Staff

*Sources:* Medicare.gov: Medicare and Coronavirus, Coverage Changes for COVID-19 and

Kaiser Family Foundation: *New Timeline: End Dates for Key Health-Related Flexibilities Provided Through COVID-19 Emergency Declarations, Legislation, & Administrative Actions*, [https://www.kff.org/coronavirus-covid-19/issue-brief/timeline-of-end-dates-for-key-health-related-flexibilities-provided-through-covid-19-emergency-declarations-legislation-and-administrative-actions/?utm\\_campaign=KFF-2023-The-Latest&utm\\_medium=email&hsmi=256270316&hsenc=p2ANqtz-9PR2c7h0uf5xwc3hEwcqzb3jxAeGdgNN0SRaW2stgsfcU--P19diU5x:Fw6V0HXC\\_uYvEzBTX3My57iAZ6GVTgBh8EH3g&utm\\_content=256270316&utm\\_source=hs\\_email](https://www.kff.org/coronavirus-covid-19/issue-brief/timeline-of-end-dates-for-key-health-related-flexibilities-provided-through-covid-19-emergency-declarations-legislation-and-administrative-actions/?utm_campaign=KFF-2023-The-Latest&utm_medium=email&hsmi=256270316&hsenc=p2ANqtz-9PR2c7h0uf5xwc3hEwcqzb3jxAeGdgNN0SRaW2stgsfcU--P19diU5x:Fw6V0HXC_uYvEzBTX3My57iAZ6GVTgBh8EH3g&utm_content=256270316&utm_source=hs_email)

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## CASE STUDY SERIES

Below is a case study retrieved from a WCAA trusted source called <https://www.medicareinteractive.org> which is powered by the Medicare Rights Center. The Medicare Rights Center **works to ensure access to affordable health care for older adults and people with disabilities** through counseling and advocacy, educational programs, and public policy initiatives. We will be bringing you a series of case studies to review as they may apply to you or somebody you know.

### WHAT IF I DON'T HAVE ENOUGH WORK HISTORY TO QUALIFY FOR PREMIUM-FREE MEDICARE PART A?

**PROBLEM:** Natasha is turning 65 in a few months and wants to enroll in Medicare because she has no other insurance. She knows that people who have fewer than 10 years of work history may owe a premium for Part A. Her husband Eric is 58 and has worked for over 25 years.

**QUESTION:** Is Natasha eligible to enroll in Medicare when she turns 65? Will she qualify for premium-free Part A?

**WHAT TO DO:** Yes, Natasha is eligible to enroll in Medicare when she turns 65. She can enroll starting three months before she turns 65, the beginning of her Initial Enrollment Period (IEP). Although work history does not affect someone's eligibility for Medicare, it **does** affect how much someone pays for the Part A premium. Based on her own work history, Natasha does not qualify for premium-free Part A. However, she can use Eric's work history to qualify for premium-free Part A once he is eligible for Social Security benefits. Eric will be eligible for Social Security benefits when he turns 62 or becomes eligible to receive Social Security Disability Insurance (SSDI). Until then, Natasha will owe a premium for Part A. Note that Eric does not have to be collecting Social Security benefits in order for Natasha to use his work history—he just has to be eligible for them.

To avoid possible late enrollment penalties and gaps in coverage, Natasha should enroll in premium Part A and Part B during her IEP.

**WHAT IF NATASHA CANNOT AFFORD THE PART A PREMIUM?** She may decide to enroll in Part B and wait to enroll in Part A until Eric is eligible for Social Security benefits. Before delaying premium Part A enrollment, **Natasha should carefully consider three things:**

- 1) **HER NEED FOR PART A-COVERED SERVICES.** Without Part A, Natasha will not have coverage for services like inpatient hospital care or skilled nursing facility care. She will have to pay out of pocket for the cost of those services.
- 2) **POSSIBLE GAP IN COVERAGE.** If Natasha wants or needs to enroll in premium Part A before she qualifies for premium-free Part A, she may have to use the General Enrollment Period (GEP) to enroll. The GEP runs January 1- March 31 of each year, and coverage is effective the 1st of the following month.
- 3) **PREMIUM PART A LATE ENROLLMENT PENALTY.** If Natasha delays enrollment in premium Part A, she may have a late enrollment penalty if she decides to enroll later. The Part A penalty is 10% of the Part A premium after the first 12-month period that Natasha did not enroll in premium Part A. It lasts for twice the number of years that Natasha was eligible for premium Part A but did not sign up. Natasha will not have a penalty when she becomes eligible for premium-free Part A. If Natasha and Eric have limited income and assets, Natasha may qualify for assistance to pay the Part A and/or B premiums through the Medicare Savings Program (MSPs).

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*Submitted by:* Carlyn Mueller, WCAA - Staff | *Source:* <https://www.medicareinteractive.org/resources/case-studies/mrs-h-does-not-have-enough-working-quarters-to-qualify-for-premium-free-medicare-part-a>

If you're not sure if you qualify for Medicare Part A premium free, you can log-in (or create) your secure my Social Security account to find out if you paid Medicare taxes long enough.

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### How to create a My Social Security Account

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2

Create a credential with one of our two credential partners, Login.gov or ID.me. If you have a Login.gov or ID.me account, you can select the appropriate button to access your personal my Social Security account.

3

If you don't have a Login.gov or ID.me account, select the "Create an Account" link to create a Login.gov credential to access your personal my Social Security account.

4

If you create a new Login.gov credential, you will still need to provide us some personal information to verify your identity. You will also receive an activation code to complete the process.

5

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6

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For more information, read [How to Create an Online Account at www.ssa.gov/pubs/EN-05-10540.pdf](http://How to Create an Online Account at www.ssa.gov/pubs/EN-05-10540.pdf).

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### What can you do with a my Social Security account?

Request a replacement Social Security card

#### If you are not receiving benefits:

Get personalized retirement benefit estimates | Get estimates for spouse's benefits | Get proof that you do not receive benefits | Check your application status | Get your *Social Security Statement*

#### If you are receiving benefits:

Set up or change direct deposit | Get a Social Security 1099 (SSA-1099) form | Opt out of mailed notices for those available online | Print a benefit verification letter | Change your address

## Senior Medicare Patrol (SMP) Fraud Prevention Week

June 5th – 11<sup>th</sup> 2023



### WHY IS THIS WEEK IMPORTANT?

Medicare loses an estimated \$60 billion each year due to fraud, errors and abuse, though that number is impossible to measure. Every day, issues related to these problems affect people across the country, often costing them time, money and well-being. When people steal from Medicare, it hurts us all and is big business for scammers, leaving less available funds for those needing Medicare services now as well as in the future.

### HOW TO TAKE PART IN THE WEEK ... REMEMBER 3 STEPS!

**PREVENT:** Learn how to read your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB). You can call your local SMP to learn how to protect yourself and your loved ones.

**DETECT:** When reviewing your MSN or EOB, look for services, products, or equipment you didn't receive, double charges, or items your Doctor or Provider did not order.

**REPORT:** Call your local SMP if you believe that you or a family member has experienced health care fraud, an error (billing, for example) or abuse.

**PARTNERS & PROFESSIONALS:** Celebrate Fraud Prevention Week by referring clients and consumers to SMP, sharing SMP information and inviting SMP to speak during shared events.

**HEALTHCARE PROVIDERS:** Educate and talk to patients about health care-related scams such as those related to Durable Medical Equipment (DME), genetic testing, and COVID-19 schemes.

**COMMUNITY:** As a community, we all participate by looking out for our older neighbors and community members. If you hear someone talking about Medicare, offer some SMP information.

**Call Senior Medicare Patrol at your local Connecticut Area Agency on Aging at 1-800-994-9422 to receive information needed to PROTECT you from Medicare fraud, errors, or abuse; DETECT potential fraud, errors, or abuse; and REPORT your concerns.**

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<https://www.smpresource.org/Medicare-Fraud-Prevention-Week.aspx>

## Support to Caregivers

Families are the primary source of support for older adults and people with disabilities in the U.S. Many caregivers work and also provide care, experiencing conflicts between these competing responsibilities. Studies have shown that coordinated support services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, which avoids or delays the need for costly institutional care.

**ACL programs, councils, and research projects help support and empower those caring for older adults and people with disabilities: Here are a few resources for caregivers provided by ACL:**

**The National Family Caregiver Support Program** funds a variety of supports that help family and informal caregivers care for older adults in their homes for as long as possible.

**The Lifespan Respite Care Program** works to improve the delivery and quality of respite services for caregivers of older adults and people with disabilities.

**University Centers for Excellence in Developmental Disabilities (UCEDDs)** – Specific services and resources available through UCEDDs may vary, but many offer a variety of resources for families and caregivers including guides, videos, webinars, and trainings.

**RAISE Family Caregiving Advisory Council:** The Council is charged with providing recommendations to the Secretary of Health and Human Services on effective models of family caregiving and support to family caregivers, as well as improving coordination across federal government programs.

**Advisory Council to Support Grandparents Raising Grandchildren:** With input from the public, this Council will develop a report that includes best practices, resources, and other useful information for grandparents and other older relatives raising children.

**The National Rehabilitation Research and Training Center on Family Support** partners with government, academia, and the broad family support stakeholder community to translate state-of-the-art research and training into services and support programs to improve the care, health, and quality of life of all persons with disabilities and the families who support them.

*To read full article visit: <https://acl.gov/programs/support-caregivers>*

## Additional Resources for Caregivers | Resources and Useful Links

**Eldercare Locator:** Are you a family caregiver in need of information or assistance? Are you interested in learning more about programs and services that may be of assistance to you or your loved one? The Eldercare Locator, a public service of the U.S. Administration on Aging, is the first step to finding resources for older adults in any U.S. community. Just one phone call or website visit provides an instant connection to resources. The service links visitors to state and local Area Agencies on Aging and community-based organizations that serve older adults and their caregivers.

**Family Caregiver Alliance - National Center on Caregiving:** Established in 2001 as a program of the Family Caregiver Alliance, the National Center on Caregiving (NCC) works to advance the development of high-quality, cost-effective policies and programs for caregivers in every U.S. state. Uniting research, public policy, and services, the NCC serves as a central source of information on caregiving and long-term care issues for policymakers, service providers, media, funders, and family caregivers throughout the country.

**National Alliance for Caregiving:** Established in 1996, The National Alliance for Caregiving is a nonprofit coalition of national organizations focusing on issues of family caregiving. Alliance members include grassroots organizations, professional associations, service organizations, disease-specific organizations, government agencies, and corporations. The Alliance was created to conduct research, analyze policy, develop national programs, increase public awareness of family caregiving issues, strengthen state and local caregiving coalitions, and represent the U.S. caregiving community internationally. Recognizing that family caregivers provide important societal and financial contributions toward maintaining the well-being of those they care for; the Alliance's mission is to be an objective national resource aimed at improving the quality of life for families and care recipients.

**Caregiver Action Network:** Caregiver Action Network is the nation's leading family caregiver organization working to improve the quality of life for the more than 90 million Americans who care for loved ones with chronic conditions, disabilities, diseases, or the frailties of older age. CAN serves a broad spectrum of caregivers ranging from the parents of children with special needs to the families and friends of wounded soldiers. CAN is a nonprofit organization providing education, peer support, and resources to family caregivers nationwide free of charge.

**Generations United:** Generations United (GU) is the national membership organization dedicated to improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. GU represents more than 100 national, state, and local organizations representing more than 70 million Americans. With its emphasis on public policy, advocacy and programming, GU has served as a resource for policymakers and the public on the economic, social, and personal imperatives of intergenerational cooperation.

**eXtension:** This website was created by the United States Department of Agriculture (USDA) Cooperative Extension System. Caregivers and advocates can access a wide range of information and materials designed to help them learn about and provide supportive services to family and relative caregivers. Topics include disaster preparedness, military families, grandparents raising grandchildren, housing, and nutrition.

**To read full list of additional resources, visit:** <https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program>

## 2023 CHOICES New Team Member Trainings

CHOICES, Connecticut's State Health Insurance Assistance Program (SHIP), is accepting applications for our 2023 New Team member Training sessions. CHOICES is part of a national network of SHIP agencies that offers free, confidential counseling, education and assistance to Medicare beneficiaries, their caregivers and the general public. CHOICES is administered by the Department of Aging and Disability Services State Unit on Aging in Partnership with Connecticut's five Area Agencies on Aging and the Center for Medicare Advocacy, Inc.

CHOICES Team Member Trainings are free for volunteers and \$125 for in-kind (paid) professionals. Training participants will complete an orientation session, 6 half days and 2 full days of training, sign the CHOICES Memorandum of Understanding, and take an online certification exam.

Training topics include: Medicare Parts A, B, C and D, Medigap, eligibility, coverage, costs, appeals, coordination of benefits, transitions from other insurance, and cost assistance programs for low-income beneficiaries, including MSP, LIS and Medicaid. Training manuals will be provided.

Expectations of CHOICES Team Members: computer literacy, willing to compare and explain various drug plans and/ or Medicare Advantage plans, provide enrollment assistance through the Medicare Plan Finder tool, assist low-to-modest income beneficiaries to apply for cost assistance programs, report your work monthly and attend quarterly update trainings. If you would like to make a positive difference in the lives of Connecticut's Medicare beneficiaries, contact your CHOICES Regional Coordinator.

Individuals who may have a conflict of interest such as insurance agents or brokers are unable to participate in the trainings.

**\*\*Registration, screening and Approval by Regional Coordinator Require to Attend Training\*\***

\*For an application or for questions about the training - please contact the AAA Regional Coordinator who serves your town:

### AVAILABLE TRAININGS IN 2023 FALL TRAININGS (on-line):

**Orientation:** August 22nd, 9 am - 12 pm

**Training Dates:** September 5, 7, 12, 14, 19 & 21 - 9 am - 12 pm; September 26 & 28 - 9 am - 4 pm | **Application Deadline:** August 8, 2023

### To Register, Contact the AAA Regional Coordinator who serves your town:

**Senior Resources Agency on Aging - 860-887-3561 | Regional Coordinator: Laura Crews** [lcrews@seniorresourcesec.org](mailto:lcrews@seniorresourcesec.org). **Towns Served:** Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Chester, Clinton, Colchester, Columbia, Coventry, Cromwell, Deep River, Durham, East Haddam, East Hampton, East Lyme, Eastford, Essex, Franklin, Griswold, Groton, Haddam, Hampton, Killingly, Killingworth, Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Middlefield, Middletown, Montville, New London, North Stonington, Norwich, Old Lyme, Old Saybrook, Plainfield, Pomfret, Portland, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Westbrook, Willington, Windham, and Woodstock.

**North Central Area Agency on Aging - 860-724-6443 Ext. 277 | Regional Coordinator: Urania Reyes** [urania.reyes@ncaaa.org](mailto:urania.reyes@ncaaa.org). **Towns Served:** Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Hebron, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor and Windsor Locks.

**Agency on Aging of South-Central CT - 203-785-8533 | Regional Coordinator: Leslie Pruitt** [lpruitt@aoasec.org](mailto:lpruitt@aoasec.org) | **Towns Served:** Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, Oxford, Seymour, Shelton, Wallingford, West Haven, and Woodbridge.

**Southwestern CT Agency on Aging - 203-814-3639 | Regional Coordinator: Claire Volain** [cvolain@swcaa.org](mailto:cvolain@swcaa.org). **Towns Served:** Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, and Wilton.

**Western CT Area Agency on Aging - 203-757-5449 Ext. 126 | Regional Coordinator: Carlyn Mueller** [cmueller@wcaaa.org](mailto:cmueller@wcaaa.org). **Towns Served:** Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Wtby, Watertown, Winchester, Wolcott, & Woodbury.



Join a FREE Live Well Phone Workshop This Summer!

Adults with ongoing health conditions such as arthritis, diabetes, high blood pressure, heart disease, or any other chronic issues can learn better ways to manage recurring challenges such as pain, fatigue, difficult emotions, anxiety and stress during a free, six-week, in-home version of the popular Live Well workshops.

A trained Live Well leader will facilitate the free one-hour group phone call. WCAAA's toll free conference call line is used to connect everyone, and participants call from the comfort of their own home. You will learn about healthy eating, physical activity and exercise, dealing with difficult emotions, decision-making and communication skills, working with healthcare providers and action planning. Books and other materials will be mailed out and are yours to keep. Those who complete the diabetes workshop will receive a \$25 grocery gift card, thanks to the generosity of the Connecticut Community Foundation.

**Class size is limited to six participants, and pre-registration is required. To register, call Debby at 203-757-5449 x 125 or email [dhorowitz@wcaaa.org](mailto:dhorowitz@wcaaa.org).**

### Live Well Phone Workshops Summer 2023 Schedule

Diabetes: Mondays, June 5- July 10 from 6-7pm

Diabetes: Thursdays, June 15- July 20 from 6-7pm

Diabetes: Wednesdays, July 12- Aug. 16 from 7-8pm

Chronic Pain: Tuesdays, July 11- Aug. 15 from 10-11am

Chronic Conditions: Wednesdays, July 12- Aug. 16 from 10-11am



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*Live Well is sponsored by the WCAAA & the Department of Aging and Disability Services- State Unit on Aging. Generous support is also provided by a grant from the Connecticut Community Foundation. Live Well is an evidence-based self-management program developed at Stanford University.*



## VA AND OTHER HEALTH PLANS

If you have health coverage other than what is offered through VA, you can continue to use those services through the plan you subscribe to. It is a good idea to inform your VA health care provider if you are receiving care outside of VA as well, so your health care can be coordinated with other providers.

**Private Health Insurance:** When Veterans have VA health care and other health plans, community health care providers may not bill any other health plan for non-emergent care authorized by VA. If you have both VA and another health plan and receive emergency care at a community facility for the treatment of a service-connected condition, please indicate to bill the VA. The VA will consider the bill under your Veteran benefits package. Your health insurance should not be billed for service-connected care.

If a Veteran wishes to use their VA benefit in the community, only VA should be billed. VA will bill your OHI, if appropriate, for reimbursement. There are limitations on VA's ability to provide coverage for emergency care at a community facility when you have other health insurance. If you have other health insurance but the insurance does not fully cover the cost of treatment, VA may pay certain costs for which you are personally liable, unless payment by your insurance provider was denied because you or your medical provider failed to comply with the provisions of your health plan contract or third-party payer; for example, failure to submit a bill or medical records within specified time limits, or failure to exhaust appeals of the denial of payment. VA is required to bill other health plans for medical care, supplies and prescriptions provided for the treatment of Veterans' non-service-connected conditions. All Veterans applying for VA health care are required to provide information on their health plan coverage, including coverage provided under health plan policies of their spouses, if applicable. The VA health care benefit is NOT considered a health insurance plan. Enrolled Veterans can provide or update their insurance information by:

- Using the VA Form 10-10EZ (Health Benefits Update Form) at [www.va.gov/health-care/update-health-information/](http://www.va.gov/health-care/update-health-information/).
- Calling 877-222-VETS (877-222-8387) Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.
- Presenting their health insurance card to the clinic clerk during check-in.

**Medicare Coverage | Creditable Coverage:** Enrollment in the VA health care system is considered creditable coverage for Medicare Part D purposes. This means VA prescription drug coverage is at least as good as the Medicare Part D coverage. Since only Veterans can enroll in the VA health care system, dependents and family members do not receive creditable coverage under the Veteran's enrollment. **VA does not recommend Veterans cancel or decline coverage in Medicare (or other health care plans) solely because they are enrolled in VA health care.** VA does not normally provide care for Veterans' dependents and family members. In addition, Veterans who elect to cancel their Medicare Part B coverage, would not be able to obtain coverage until January of the following year. **There is no guarantee that in future years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment priority groups.** This could leave Veterans, especially those enrolled in one of the lower-priority groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in the Veterans' best interest. For more information go to [www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/](http://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/).

**Enrolling in both VA and Medicare can provide Veterans flexibility:** Selecting Medicare Part A coverage comes at no added cost, whereas Part B comes with a monthly premium. Some Veterans may choose to delay enrollment in Part B if they already have other (mainly employer) coverage; however, if a Veteran delays Part B enrollment initially but decides to enroll at a later date, then they would have to pay a monthly penalty to Medicare. In other words, VA health coverage does not protect against having to pay a penalty for Part B, like it does for Part D. Having VA health care does not qualify as "other" coverage for Part B. Veterans should bring their Medicare cards to their next VA appointment to update their private health insurance information. *For more information on Medicare coverage, visit the Health and Human Services Medicare website at [www.medicare.gov](http://www.medicare.gov).*

**Source:** <https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>

**You have questions. VA has answers!**  
Call VA today at 1-800-MyVA411(1-800-698-2411).

**Call for helpful information on:**

- \* COVID-19 general information and updates
- \* Health care eligibility and enrollment
- \* VA benefits, such as disability, compensation & pension, education programs, caregiver support, insurance, home loans, & burial headstones and markers, among others
- \* The nearest VA medical centers, benefits offices, or cemeteries to Veterans
- \* Directory assistance and connection to all VA contact centers and VA Medical Centers
- \* Technical support for [VA.gov](http://VA.gov)
- \* Debt and payment options
- \* Immediate transfer to the Veterans Crisis Line or the National Call Center for Homeless Veterans

**Will I be able to speak to a live agent?** Yes! When you call 1-800-MyVA411 and press 0, you will reach a live agent for immediate assistance or connection to the right VA experts.

**SOURCES:** 1-800-MYVA411: <https://blogs.va.gov/VAntage/82379/1-800-myva411/> Author: Kiran Dhillon.

**A**re you a Veteran who is homeless or experiencing housing instability? If you are a Veteran who is homeless or at imminent risk of homelessness, we encourage you to contact the National Call Center for Homeless Veterans at (877) 4AID-VET (877-424-3838) for assistance. This is for: *Veterans, for landlords and for business owners*

THE STATE OF  
**UNSHeltered VETERAN HOMELESSNESS**

**No Veteran should be without a place to call home.**

VA is committed to ending homelessness among Veterans. Our focus is threefold:

- \* Conducting coordinated outreach to proactively seek out Veterans in need of assistance.
- \* Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services and other required supports.
- \* Collaborating with federal, state and local agencies; employers; housing providers, faith-based and community nonprofits; and others to expand employment and affordable housing options for Veterans exiting homelessness.

**Sources:** <https://www.va.gov/homeless/index.asp>

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**WCAAA INSIDER**

**WCAAA Mission Statement**

The mission of the Western Connecticut Area Agency on Aging, Inc., is to develop, 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.

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**CONTACT:**

For questions, comments or suggestions, feel free to call us at: 203-757-5449 or 1-800-994-9422. You can also visit our website at: [www.wcaaa.org](http://www.wcaaa.org). Items of interest, Medicare news, caregiver issues etc., are posted as updates.

**NOTE:**

Please notify the Western Connecticut Area Agency on Aging (WCAAA) if you change your address or decide you do not wish to receive an issue of *WCAAA Insider*.

Thank you.