APRIL- MAY 2022

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The WCAAA office will be closed on the following days:

<u>April 15, 2022:</u> Good Friday

<u>May 30th, 2022:</u> Memorial

Day

NEW INCOME GUIDELINES FOR THE MEDICARE SAVINGS PROGRAM

The Medicare Savings program helps pay your Medicare Part B premium saving you \$170.10/month and automatically qualifies you for the Medicare Part D Extra Help program which covers your prescription drug monthly premium and lowers your drug costs at the pharmacy. The program looks at income only and not assets. Even if you are still working, you may be eligible for the program. Each March, the State updates the income eligibility guidelines for the year.

To learn more about the program and how to apply, call the CHOICES Department at the Western CT Area Agency on Aging at 203.757.5449 EXT 134.

MEDICARE SAVINGS PROGRAM (MSP) EFFECTIVE 3/22 SSA COLA (1/22) 5.9% 2022 SSI \$841 (SINGLE) OR \$1,261 (COUPLE)

PROGRAM	STATUS	INCOME LIMIT	STATUS	INCOME LIMIT
QMB (Q01) 211% FPL	Single	\$2,390 / mo	Married	\$3,220 / mo
SLMB (Q03) 231% FPL	Single	\$2,617 / mo	Married	\$3,525 / mo
ALMB (Q04) 246% FPL	Single	\$2,786 / mo	Married	\$3,754 / mo

NO ASSET LIMITS FOR MSP | NO ESTATE RECOVERY AFTER 1/1/10

IF YOU QUALIFY FOR MSP, YOU WILL AUTOMATICALLY QUALIFY FOR EXTRA HELP AND THE LOWER CO-PAYS FOR PART D.

This project was supported, in part by grant numbers 90SAPG0068, 2003CTMIAA and 2003CTMISH from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Submitted by: Amanda Halle—WCAAA Staff | **Sources**: 2022 Benefits Quick Guide (rev. 3/10/22) from CT State Unit on Aging



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KNOW HOW TO GO NORTHWEST CONNECTICUT EXPANDING YOUR TRANSPORTATION OPTIONS







While many of us are now aware that the Waterbury Branch Line (WBL) will be greatly increasing our rail transportation options by June of this year, your NW CT Regional Mobility Manager is reaching out to home health and other similar agencies to expand driver-for-hire transportation options for you!

Currently, I am revising the Transportation Resource Guide that is available on both The Kennedy Center, Inc.'s and Western Connecticut Area Agency on Aging's websites. This is expected to be completed and available for digital publishing by mid -April. Later in the spring to early summer, I expect to have a supplemental section that will offer you some additional flexibility for your mode of travel.

Please visit www.wcaaa.org and www.wcaaa.org and www.thekennedycenterinc.org to view the current guide covering the 44 towns in northwest Connecticut. Please note, it is currently under revision to reflect changes through pandemic. Any home health, PCA or similar service wishing to include their availability for transportation for

hire services (i.e. PCA, home health aides, etc. who can provide transportation to non-emergency medical and other appointments) please call (475) 298-3103 or e-mail me @ achaplin@kennedyctr.org

-April Chaplin, MSHS, NW CT Regional Mobility Manager/Ombudswoman/Naugatuck Greater Waterbury Transit District Board Member with The Kennedy Center, Inc.



SHOULD I ENROLL IN MEDICARE IF I HAVE A JOB-BASED INSURANCE?

My husband still works, and I am covered by his employer's insurance. I am turning 65 in a few months and wondering if I should enroll in Medicare?

-Mariko (Sallisaw, OK)

Dear Mariko: It is great that you are looking into this ahead of time and making a plan! Job-based insurance allows you to delay Medicare enrollment in many cases. There are two questions to consider:

A) Will I have an opportunity to enroll in Medicare Part B later without a penalty and without waiting for a specific time of year?

B) Will my job-based insurance pay primary on my health care claims?

In other words, before you delay enrollment, you should determine whether you will have a Part B Special Enrollment Period (SEP) and whether your job-based insurance pays primary or secondary. In most cases, you should only delay Part B if you will have an SEP and your job-based insurance is the primary payer (meaning it pays first for your medical bills) and Medicare is secondary.

Part B Special Enrollment Period

Because you will be eligible for Medicare due to age (meaning you will be 65+) and are covered by your spouse's job-based insurance, you will have a Special Enrollment Period (SEP) to enroll in Part B while you have that coverage from current work up to eight months after the coverage or the work ends (whichever is first). This means that you can enroll in Part B after your Initial Enrollment Period (IEP) ends without facing a penalty and without having to wait for the General Enrollment Period (GEP).

<u>Primary or secondary job-based insurance</u>: Next, consider whether your job-based insurance will be the primary payer.

- Job-based insurance is primary if it is from an employer with 20+ employees. Medicare is secondary in this case, and some people choose not to enroll in Part B because of the additional monthly premium.
- Job-based insurance is secondary if it is from an employer with fewer than 20 employees. Medicare is primary in this case, and if you delay Medicare enrollment, your job-based insurance may provide little or no payment. You should enroll in Part B for coverage when you are first eligible.

Note: There are different rules about the SEP and which insurance is primary if you are Medicare-eligible due to disability or because you have ESRD.

To find out if your job-based insurance is primary or secondary, contact your or your spouse's human resources department for information about your employer's size. If you plan to delay enrollment into Part B and use the SEP later, **keep records of your health insurance coverage**. You will be required to submit proof of your enrollment in job-based insurance when using the SEP to enroll in Part B later.

Proof of enrollment in job-based insurance includes:

- ♦ Written notice from your employer or plan
- ♦ Documents that show health insurance premiums paid, including W-2s, pay stubs, tax returns, and/or receipts
- ♦ Health insurance cards with the appropriate effective date

Note: If you have insurance from an employer that is not because of current work, like COBRA or retiree insurance, there are different rules for the SEP and which insurance is primary.

In summary, you should find out if your husband's insurance will be primary to Medicare. If it is primary, then you can delay Medicare enrollment if you'd like, since you would already have primary insurance from your husband's current work.

I hope this helps you decide whether or not to enroll in Medicare during your Initial Enrollment Period!

- Marci

Dear Marci is a biweekly e-newsletter designed to keep you people with Medicare, social workers, health care providers and other professionalism the loop about health care benefits, rights and options for older Americans and people with disabilities. ³This 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 Source: https://mailchi.mp/medicarerights.org/extra-help-spap-292856?e=b1fa1d37a5



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'Aging Mastery Program' helps seniors live more fulfilling lives

nterested in feeling better today and staying healthy for the future? This time of year, thoughts turn to the New Year and becoming a "better you." Today, we are living longer — so it is good to be thinking about ways to engage in ongoing and positive ways to make the most of longevity. In 1950, the average American who was 65 could expect to live another 14 years in retirement, with roughly half of that time in good health. Today, once people reach age 65, they can expect to live another 19 years with roughly 66 percent of that time in good health. As a result, we can expect to have the greatest amount of free time in history. It is exciting for me to share with you a wonderful program be-

Join the adventure!

Live Life more Fully: Western CT Area Agency on Aging

will be running the Aging Mastery Program® soon!

Build your own personal playbook for aging well. This fun, innovative program empowers you to take key steps to improve your well-being, add stability to your life, and strengthen ties to your community. Meet new friends and provide encouragement to one another as you take the Aging Mastery journey together!

You Will Learn About:

- · Navigating Longer Lives
- Exercise and You
- Sleer
- · Healthy Eating and Hydration
- · Financial Fitness
- Medication Management
- · Advance Planning
- · Healthy Relationships
- Falls Prevention
- · Community Engagement

10 Friday Workshops will be held at WCAAA, 84 Progress Lane, Waterbury (2nd floor)

They begin Friday, 5/13/2022. There will be no workshop 6/17- and graduation will be held on the final meeting, Friday, 7/22.

They'll be held 1:00-2:30pm, SPACE IS LIMITED, Registration is Required.



Limited spots available: Sign up now!

The program will launch on Friday, May 13, 2022

but participants have to be signed up by Friday, April 29, 2022

Please RSVP to: Deb Kaszas, 203-757-5449 x171

by Friday, April 29, 2022





www.ncoa.org/AMP

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ing implemented by WCAAA, in partnership with the National Council on Aging, CT Healthy Living Collective and Connecticut Community Foundation. — called "Aging Mastery Program." It is an opportunity for you to participate in a program that provides new pathways that encourages your ongoing and positive engagement in life. It is an incentive-based program designed to inform, encourage and support aging adults as they take steps to improve their lives and stay engaged in their communities.

The Aging Mastery Program is about feeling better today and staying healthy for the future.

Submitted by: Deb Kaszas—WCAAA Staff

Source: 'Aging Mastery Program' helps seniors live more fulfilling lives http://www.lockportjournal.com/community/aging-mastering-program-helps-seniors-live-m... 1/3/2017

FROM THE CHOICES PROGRAM

PREVENTIVE SERVICES COVERED BY MEDICARE PART B: Designed to Keep you Healthy

eading a healthy lifestyle by eating a balanced diet, maintaining a healthy weight, exercising, and not smoking goes a long way in preventing disease. Medicare Part B covers many preventive services such as exams, shots, lab tests and screenings with no cost-sharing provided you meet the eligibility requirements. To learn more about these services and eligibility requirements, go to the *Medicare and You 2022* book (pages 30-54, highlighted with a blue apple) or go to *Preventive and Screening Services* on Medicare.gov.

If you are on Original Medicare you must receive your preventive services through a provider who accepts Medicare assignment. Medicare assignment means your healthcare provider or supplier agrees to accept the Medicare-approved amount as full payment for covered services. If you are on a Medicare Advantage Plan, you should receive services from an in-network provider to avoid possible cost sharing expenses. It is recommended to check with your Medicare Advantage plan to confirm coverage of preventive services in advance of scheduling an appointment with your provider to ensure you are not responsible for any cost-sharing. To the right is a listing of the preventive services covered by Medicare Part B.

Highlighting a Preventive Service: Yearly/Annual "Wellness" Visit

If you have had Medicare Part B for longer than 12 months, Medicare Part B covers a Yearly/Annual Wellness Visit with your primary care provider. The focus of the Wellness Visit is to prevent disease by establishing an individualized health plan based upon the beneficiary's health and risk factors. This visit is covered every 12 months provided you have not had an Annual Wellness Visit nor a Welcome to Medicare visit within the last 12 months. You pay nothing for this visit if your healthcare provider accepts Medicare assignment or it is covered by your Medicare Advantage Plan.

The difference	Annual	
could cost you!	Wellness Visit	Physica
Covered by Medicare	~	×
Checked height, weight, and blood pressure	~	~
Personalized prevention plan for future medical issues	~	×
Full head-to-toe hands- on exam	×	~
Bloodwork	×	~

Medicare Covers these	Preventive Services
•Abdominal aortic aneurysm screening	•HIV screening
•Alcohol misuse screening and counseling	•Lung cancer screening
•Bone mass measurement (bone density)	•Mammogram (screening)
•Cardiovascular disease screening	•Nutrition therapy services
•Cardiovascular disease (behavioral therapy)	•Medicare Diabetes Prevention Program
Cervical and Vaginal cancer screening	•Obesity screening and counseling/Obesity behavioral therapy
•Colorectal cancer screening	•Prostate cancer screening
•Depression screening	•Sexually transmitted infections screening and counseling
•Diabetes screening	•Shots/Vaccines (flu, hepatitis B, pneumococcal, COVID-19 vaccine)
•Diabetes self-management training	•Tobacco use cessation
•Glaucoma tests	•"Welcome to Medicare" preventive visit
•Hepatitis B Virus (HBV) infection screening	•Yearly "Wellness" visit
•Hepatitis C screening test	
1117 11 172 143 441	1 1 . 1 . 41

An Annual Wellness Visit is <u>not</u> the same as an annual physical with your healthcare provider. An annual physical usually involves bloodwork and other tests and involves cost sharing. Therefore, it is important when you schedule your Annual Wellness visit, make sure you tell the office that the visit is for the Annual Wellness visit.

At the *Annual Wellness Visit* you and your primary care provider may review the following:

Conduct routine measurements such as height, weight & blood pressure. Conduct health risk assessment based on questionnaire that you complete before or during your visit.

Review medical and family history.

Update prescription drug list & healthcare providers, including durable medical equipment (DME) suppliers.

Screen for depression, cognitive impairment such as Alzheimer's disease and other forms of dementia.

Identify risk factors and current treatment options.

Develop a checklist for appropriate preventive services.

Submitted by: Amanda Halle—WCAAA Staff | Sources: Medicare Rights, Medicare Minute, March 2022, https://www.medicare.gov/coverage/preventivee-screening-services, Medicare & You Booklet 2022, (The official U.S. government Medicare Handbook) Centers for Medicare and Medicaid Services (CMS), Your Guide to Medicare Preventive Services, CMS, August 2019



LIVE WELL WORKSHOPS COMING UP SOON!



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

Save the Date!

We have free, six-week Live Well telephone workshops starting up every month for chronic pain, diabetes (in English & Spanish) and chronic conditions.

Books and other materials will be mailed to you and you can connect to the weekly one-hour groups calls on any kind of phone from the comfort of your own home.

Contact Information:

To learn more about the program and the workshops, please contact: Debby Horowitz, Live Well Regional Coordinator

E: dhorowitz@wcaaa.org

P: 203-757-5449 X 125

2022 CHOICES New Team Member Trainings







CHOICES, Connecticut's State Health Insurance Assistance Program (SHIP), is accepting applications for our 2022 New Team Member Training sessions.

CHOICES is part of a national network of SHIP agencies that offers free, confidential counseling, education & assistance to Medicare beneficiaries, their caregivers & the general public. CHOICES is administered by the Dept. of Aging & Disability Services State Unit on Aging in partnership with CT's five Area Agencies on Aging & the Ctr. for Medicare Advocacy, Inc.

These trainings are free for volunteers and \$125 for in-kind (paid) professionals. Training participants will complete an orientation session, 5 full days of training, sign the CHOICES Memorandum of Understanding, & take an online certification exam. Training topics include: Medicare Parts A, B, C & D, Medigap, eligibility, coverage, costs, appeals, coordination of benefits, transitions from other insurance, & cost assistance programs for low-income beneficiaries, including MSP, LIS and Medicaid. Training manuals will be provided.

CHOICES Team Member roles include: Counselor, Open Enrollment Counselor, Information Distributor, Administrative Support, Exhibitor, and Presenter. If you would like to make a positive difference in the lives of CT'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 & Approval by Regional Coordinator Required to Attend Training

ALL 2022 SESSIONS WILL BE VIRTUAL

HOST AGENCIES

DATES AND REGISTRATION INFO

North Central Area Agency on Aging (NCAAA) & Senior Resources Agency on Aging ORIENTATION: May 24, 9am-12pm TRAINING DATES: June 7, 9, 14, 16, and 21; 9am-4pm CONTACTS: Urania Reyes Rivera (NCAAA) at 860-724-6443 x277 or <u>urania.reyes@ncaaact.org</u> & Laura Crews (Senior Resources) at 860-887-3561 or <u>ljcrews@seniorresourcesec.org</u>

Senior Resources Agency on Aging & Agency on Aging of South Central CT (AoASCC)

ORIENTATION: Aug 30, 9am-12pm TRAINING DATES: Sept 13, 15, 20, 22, and 27; 9am-4pm CONTACTS: Laura Crews (Senior Resources) at 860-887-3561 or ljcrews@seniorresourcesec.org & Leslie Pruitt (AoASCC) at 203-785-8533 x3165 or lpruitt@aoascc.org

This project was supported, in part by grant number 90SAPG0068, 2103CTMIAA and 2103CTMISH from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

FROM THE SENIOR MEDICARE PATROL (SMP)







ORIGINAL MEDICARE

VERSUS

MEDICARE ADVANTAGE

COMPARING THE 2 TYPES OF COVERAGE

.............

.

............

The traditional program offered through the federal government

MA plans that contract with the federal government to provide Medicare benefits

Original Medicare includes Part A (Inpatient/ hospital coverage) and part as Medicare private health B (outpatient/medical coverage)

MA plans are also known plans or Part C

You will receive a red. white and blue card to show to your providers when receiving care

You will use the membership card your plan sends you to get health services covered.

Original Medicare limits how much you can be charged if you visit participating or non-participating providers.

MA plans must provide the same benefits offered by Original Medicare, but they may apply different rules, costs and restrictions.

Supported by Grant 90SATC0001 from ACL

MEDICARE OR A PRIVATE MEDICARE ADVANTAGE INSUR-**ANCE PLAN?**

Please know the difference!

re you on original/traditional Medicare ... or have you signed up with a private insurance company (most are for profit) and now are on a separate Medicare Advantage plan? Many don't know! This is the first and most important question Senior Medicare Patrol (SMP) will ask when contacted about a disputed or suspicious bill. How the case is handled or appealed will be determined by the answer. Some of our clients have insisted that they are on Medicare, but when our counselors contact Medicare directly to investigate, Medicare informs us they have no records of the client ... other than they have an assigned Medicare number and had signed up for a private Medicare Advantage plan.

When someone becomes eligible for Medicare, and has signed up for Medicare Parts A and B, they then have the option of signing up for a separate private insurance plan ... known as Medicare Advantage.

If on a Medicare Advantage plan, beneficiaries receive an Explanation of Benefits (EOB) that informs them of deductibles and payments made on their behalf and any co-payments due. These are the most important documents that Senior Medicare Patrol reviews in order to investigate a disputed bill or possible fraud. These EOBs are mailed directly to the beneficiary by their Medicare Advantage plan ... not original/traditional Medicare.

Offering some additional benefits that original/ traditional Medicare does not cover (e.g., dental, hearing, vision) is the primary reason that more people are choosing to sign up with these private insurance companies. It is important they do so based on their individual and unique heath care needs ... and that whatever plan they choose include the Doctors and Providers they wish to keep, i.e., are "in-network." Knowing and understanding the difference between original/traditional Medicare and Medicare Advantage is an important step in assisting SMP in detecting possible fraud, errors, and abuse in all of Medicare.

Need to learn more? Please call **Senior Medicare Patrol** to request a trained and experienced counselor to speak and answer all your questions at a community event or organization!

Submitted by: Audrey Cole—WCAAA Staff Source: SMPresource.org

Paid for in part by grant number 90MPPG0044, from the U.S. Administration for Community Living, Department of Health and Human Services and is administered by the CT Department of Aging and Disability Services



SEE WHAT OTHERS ARE SAYING ABOUT US!



"I wanted to make a shout out to two people who helped me through a very difficult time for me...My problem was that I was one of those who was using the Philips CPAP machine that was recalled. No one wanted to listen to me or even try to help me including my doctor and the medical supply company...[AC and AH at WCAAA] did all their best but more important they made me feel important and listened to my cries for help. At least once or twice a week they would reach out to me and assure me they were doing their best. What else could anyone ask but they did make me feel as though I was not forgotten. That is so important to anyone who is trying to fight the big guys... Thank you so much to having such a caring, dedicated people. They represent the true meaning of 'going above and beyond'... I tell everyone to contact this agency for help and information. If you [WCAAA] cannot help, you'll steer them in the right direction,"

P. B, (Wolcott, CT)

"I am so impressed with your Western CT Area Agency on Aging! My husband and I saw it mentioned in our mighty local newspaper, so he contacted you and signed up for the diabetes workshop. My original thought was to go through the materials sent and be his support "group" by listening during the telephone workshop sessions....AND...since I don't have diabetes it wouldn't apply to me. I was wrong! Yes, the program discusses food, but the way it is presented shows it's a great way for everyone to "consume" their lives! The concept of setting action goals in a timely fashion is set up brilliantly. This Queen of Clutter thought if she announced her goal of putting together 4 boxes of clothes, arts and crafts materials and kitchen supplies to donate to the Vietnam Veterans, she would do it. Surprise! She did not follow up on her Action Plan! I've changed my goal. I'm hoping to do 2 boxes!! Thank you sooo much for the Gift Cards which could be compared to frosting on a cake and, of course, I would use stevia!! If you ever need a Fan Club member to discuss this program, it would be my

LIVEWELL PARTICIPANT (Waterbury, CT)

"My pleasure. I LOVE working with you. You're a mover and shaker and YOU get things done"

-B.B. - GWTD Chair | E-mail testimony for Northwest Connecticut Regional Mobility Manager & Ombudswoman: April

Chaplin, MSHS.

"I just wanted to thank you so much for the meals I am receiving. The food is good, and it's going to save me a lot of money. I just wanted to thank you from the bottom of my heart, it really means a lot to me"

J.E. (Danbury, CT) | Meals on Wheels recipient

"You're so amazing and totally appreciate your help. Thank you so much for being there for me and my patients."

S.L. (Manchester, CT) | E-mail testimony received for one of our ADRC Coordinators

pleasure to give you well-worth rave reviews!"









omeless and at-risk callers **COVID-19 INFORMATION** Frequently asked questions

You have questions. VA has answers!

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You only need to remember one number for information on VA care, benefits, and services or to speak to a live agent for assistance!

1-800-MyVA411 serves all members of the Veteran and service member community seeking information or assistance.

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
- * 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-MŶVA411: https://blogs.va.gov/VAntage/82379/1-800-myva411/ Author: Kiran Dhillon.

Using VA Virtual Health Tools for COVID-19 Prevention and Response

COVID-19 CAUSING YOU CONCERN? VA Virtual Tools Are Always an Option. With VA's virtual care tools, you can continue to access high quality VA care safely from home.

- Get COVID-19 Test Results/Vaccine Records Online
 - Veteran Resources for COVID-19
- Using Remote Patient Monitoring-Home Telehealth for COVID-19 Care
 - Annie Messages Can Advise you About COVID-19 and Help you Cope During the Pandemic
 - Get a My HealthVet Premium Account Online to Access VA Care from Home
 - VA Prescription Refills and COVID-19

Video or Telephone Appointments: To set up a VA Video Connect or phone appointment, send your provider a secure message on My HealtheVet or call your local VA facility. Visit mobile.va.gov/app/va-video-connect.

Rx Refills: Request prescription refills / order / ship medications to your home using My HealtheVet or the Rx Refill mobile app. Download the app at *mobile.va.gov/app/rx-refill*.

Text Message Reminders: Annie's coronavirus Precautions protocol sends you automated text messages with information about COVID-19, helps you monitor for symptoms, and can assist you if you need to contact your VA facility for care. Enroll at mobile.va/gov/ annie.

Secure Messaging: With My HealtheVet, VA's online patient portal, you can send online secure messages to your VA health care team to ask them nonurgent health questions. Register at myhealth.va.gov.

Home Telehealth: For Veterans recommended for home isolation or quarantine, your provider may use remote monitoring devices to assess your condition while you are at home. Learn more about home telehealth at telehealth.va.gov/type/home.

If you are experiencing symptoms of COVID-19, contact your VA facility as soon as possible. Visit va.gov/find-locations for contact information d operating hours for your VA facility.



For the most up-to-date information on COVID-19, please visit: cdc.gov/coronavirus va.gov/coronavirus

Sources: VA Virtual Tools: https://connectedcare.va.gov/whatsnew/technology/protect-yourself-covid-19-va-virtual-tools

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Western CT Area Agency on Aging

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We are Grateful to Our Veterans!

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:

gestions, feel free to call us at: 203-757-5449 or 1-800-994-9422.
You can also visit our website at: www.wcaaa.org.
Items of interest, Medicare news, caregiver issues etc., are posted as updates.

For questions, comments or sug-

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.