# WCAAAINSIDER

Western Connecticut Area Agency on Aging

### APRIL - MAY 2023

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### **SPRING HAS SPRUNG!**

### **QUICK UPDATES**

Check out our new Caregiver Corner Page Page 9

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Volunteers needed in the CHOICES - Medicare Assistance Program and Senior Medicare Patrol (SMP). Please contact 203-757-5449 X 126 (CHOICES) or Ext 127 (SMP) if interested. This will be a great way to give back to your community, stay engaged and build new skills.

### **REMINDERS** WCAAA Office will be closed the following days:

⇒April 07, 2023 in observance of Good Friday ⇒May 29, 2023 in observance of Memorial Day

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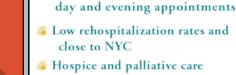
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### **CARING FOR YOUR EMOTIONAL HEALTH**

n the aftermath of COVID-19, many of us are still feeling the effects of extended isolation. Our mental health doesn't fare well when we are cut off from others. Mental health includes emotional, psychological, and social wellbeing. It affects how we think, feel, act, make choices, and relate to others. Mental health is more than the absence of a mental illness—it's essential to your overall health and quality of life. Self-care can play a role in maintaining your mental health and help support your treatment and recovery if you have a mental illness.

### **ABOUT SELF-CARE:**

Self-care means taking the time to do things that help you live well and improve both your physical health and mental health. When it comes to your men-

tal health, self-care can help you manage stress, lower your risk of illness, and increase your energy. *Even small* acts of self-care in your daily life can have a big impact.

### Here are some tips to help you get started with self-care:

- Get regular exercise. Just 30 minutes of walking every day can help boost your mood and improve your health. Small amounts of exercise add up, so don't be discouraged if you can't do 30 minutes at one time.
- Eat healthy, regular meals and stay hydrated. A balanced diet and plenty of water can improve your energy and focus throughout the day. Also, limit caffeinated beverages such as soft drinks or coffee.
- Make sleep a priority. Stick to a schedule, and make sure you're getting enough sleep. Blue light from devices and screens can make it harder to fall asleep, so reduce blue light exposure from your phone or computer before bedtime.
- Try a relaxing activity. Explore relaxation or wellness programs or apps, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy activities you enjoy such as journaling.
- Set goals and priorities. Decide what must get done now and what can wait. Learn to say "no" to new tasks if you start to feel like you're taking on too much. Try to be mindful of what you have accomplished at the end of the day, not what you have been unable to do.
- **Practice gratitude.** Remind yourself daily of things you are grateful for. Be specific. Write them down at night or replay them in your mind.
- Focus on positivity. Identify and challenge your negative and unhelpful thoughts.
- Stay connected. Reach out to your friends or family members who can provide emotional support and practical help.

Self-care looks different for everyone, and it is important to find what you need and enjoy. It may take trial and error to discover what works best for you. In addition, although self-care is not a cure for mental illnesses, understanding what causes or triggers your mild symptoms and what coping techniques work for you can help manage your mental health.

Seek professional help if you are experiencing severe or distressing symptoms that have lasted 2 weeks or more, such as:



- •Difficulty sleeping
- •Appetite changes that result in unwanted weight changes
- •Struggling to get out of bed in the morning because of mood
- •Difficulty concentrating
- •Loss of interest in things you usually find enjoyable
- •Inability to perform usual daily functions and responsibilities

Don't wait until your symptoms are overwhelming. Talk about your concerns with your primary care provider, who can refer you to a mental health professional if needed. If you don't know where to start, read the National Institute of Mental



Health (NIMH) Tips for Talking With a Health Care Provider About Your Mental Health. Learn more about how to get help or find a provider on the NIMH's Help for Mental Illnesses webpage.



Submitted by Deb Kaszas, WCAAA Staff Source and Author: https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health

### WHAT TO DO IN A CRISIS

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide & Crisis Lifeline at **988** or chat at 988lifeline.org. This service is confidential, free, & available 24 hours a day, 7 days a week. In life-threatening situations, call **911**.

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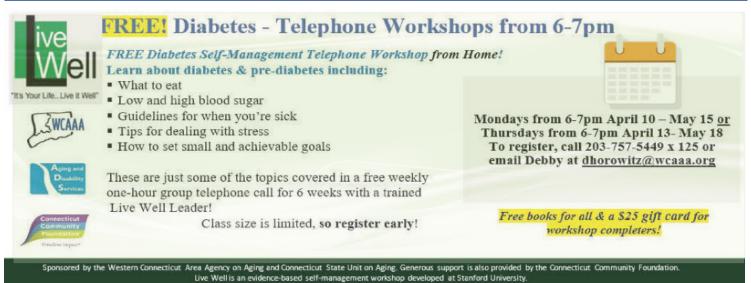
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### **SAVE THE DATE**



### 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, cannot participate in the trainings. \*\*Registration, screening, and Approval by Regional Coordinator required to Attend Training\*\*

\*For an application or for questions about the training - please contact the Area Agency on Aging for your Region - contact information is located below\*

#### **AVAILABLE TRAININGS IN 2023**

**SUMMER TRAINING:** | Orientation: April 18th, from 9 am - 12 pm | Training Dates: May 2, 4, 9, 11, 16, 19 from 9 am - 12 pm; May 23 & 25 - 9 am - 4 pm | Application Deadline: April 4, 2023

**FALL TRAININGS:** | **Orientation:** August 22nd, from 9 am - 12 pm | **Training Dates:** September 5, 7, 12, 14, 19 & 21 - from 9 am - 12 pm; September 26 & 28 - from 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 - ljcrews@seniorresourcesec.org | Towns Served: Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Chester, Clinton, Colchester, Columbia, Coventry, Cronwell, Deep River, Durham, East Haddam, East Hampton, East Lyme, Eastford, Es- sex, 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, Pontfret, 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@ncaaact.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.

Area Agency on Aging of South-Central CT - 203-785-8533: Regional Coordinator: Leslie Pruitt - lpruitt@aoascc.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 | 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 - cmmueller@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 Hattford, New Milford, Newtown, Norfolk, North Canaan, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Wolcott, and Woodbury.



SHIP

CHOICES









This project was supported, in part by grant number 90SAP0068, 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, necessarilv represent official Administration for Community Living policy.

### FROM THE CHOICES DEPARTMENT



CASE STUDY SERIES

Below is a case study retrieved from a WCAAA trusted source called <u>https://</u>

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 MORE THAN 100 DAYS OF SKILLED NURSING FACILITY CARE SNF IS NEEDED?

**PROBLEM:** Melanie has Original Medicare. She broke her hip in a biking accident and spent three days as a hospital inpatient before being admitted to a SNF. Melanie spent 100 days in the SNF, at which point she was discharged because she ran out of Medicare-covered days in her benefit period. Three weeks later, she broke her leg in another accident and was admitted as a hospital inpatient for five days. After five days, her doctor told her that she should be transferred to a SNF to receive rehabilitation care. **QUESTION:** Will Medicare cover Melanie's SNF stay for the second accident after she is discharged from the hospital?

WHAT TO DO: No. Medicare will not cover additional days of SNF care as Melanie has used up all of her 100 Medicare-covered SNF days in her benefit period. SNF CARE IS COVERED BY MEDICARE PART A. Medicare covers up to 100 days of care at a SNF during each benefit period (days 1-20 in a benefit period are covered in full by Medicare; days 21-100 are covered with a \$200 per day in 2023). A benefit period is the way that Original Medicare Part A measures a beneficiary's use of hospital and SNF services. A benefit period begins the day you become an inpatient at a hospital and ends after you do not receive Medicare-covered inpatient care at a hospital or SNF for 60 days in a row. Melanie was not out of the SNF for 60 days in a row. Therefore, she is still within the same benefit period, even though she went to the hospital for a different injury. Since she has already spent the maximum 100 days that Medicare will cover in a SNF, she will not be covered for more days. Melanie may be responsible for the full cost of the additional time spent in the SNF after her second injury. If she is receiving medically necessary skilled therapy (physical, occupational or speech therapy), Medicare may continue to cover these services, but it will not pay for Melanie's room and board at the SNF, which may be expensive.

#### WHAT IF MELANIE CANNOT AFFORD TO PAY OUT-OF-POCKET FOR

**HER SNF CARE?** There are some other benefits and programs that may be able to help Melanie pay for additional care or provide alternative services.

**MEDICARE PART A OR B HOME HEALTH BENEFIT:** Melanie may qualify for home health care and may be able to receive this type of treatment at home instead of at a SNF. In order to qualify for the home health benefit, Melanie must:

- Be homebound, meaning it's extremely difficult for her to leave her home & needs help doing so.
- Need some form of skilled therapy care, such as physical or speech therapy that must be performed by a skilled professional.
- Meet face-to-face with her doctor to approve a plan of care & confirm her eligibility.
- Receive home health care through a Medicare-certified home health agency.

Her home health care will be covered by Part A if she meets these requirements and spent three consecutive days as a hospital inpatient or had a Medicare-covered SNF stay. Melanie was a hospital inpatient for five days; therefore, she would qualify for home health care coverage through Part A. There is no prior hospital stay requirement for Part B coverage. Melanie should speak with her doctor to see if she qualifies for these benefits.

**LONG TERM CARE INSURANCE:** If Melanie has separate long-term care insurance, it may cover her SNF stay after Medicare coverage ends.

**MEDICAID:** Melanie may be eligible for Medicaid if she is low income, this may cover the SNF stay. She should contact her local Medicaid office or state's State Health Insurance Assistance Program (SHIP) for more information about Medicaid eligibility.

### Shopping for a Medicare Plan? Go to https://www.medicare.gov/ An official



#### Here you can

- *1) build a better drug list.*
- 2) Update your drug list any time.
- Compare benefits and costs in your current plan to other plans available in your zip code.
- 4) See costs based on any help you get.

#### CREATE YOUR NEW ACCOUNT

To access personalized information and features, you'll need to create an account. Visit **Medicare.gov** and select "Log in." Have the following information ready (for yourself or the person you're helping):

1) Medicare Number – You can find this on your red, white, and blue Medicare card. If you're new to Medicare and don't have your Medicare card yet, you can get your Medicare number by logging into your Social Security account at socialsecurity.gov/myaccount.

- 2) Last name
- 3) Date of birth
- 4) Current address with ZIP code or city

5) Part A or Part B coverage start date as shown on your Medicare card.

Once you add this information and select "Next," you can create a username and password and use your new Medicare account. Don't forget to write down your username and password and keep this in a safe place to protect your privacy. Need help? call WCAAA: (203) 757-5449 x134

Submitted by: Carlyn Mueller, WCAAA – Staff



Source: https://www.medicare.gov/ This project was supported, in part by grant number 90SAPG0068, 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.

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Submitted by: Carlyn Mueller, WCAAA - Staff

Source: https://www.medicareinteractive.org/resources/case-studies/ms-z-needed-more-than-100-days-of-skilled-nursing-facility-care

### Πρηγιγ

#### Save Money on Your Out-of-Pocket Medicare Costs: **Announcing Medicare Savings Program 2023 Income Eligibility Guidelines**



The Medicare Savings Program (MSP) and the Extra Help/Low Income Subsidy program for prescription drugs are a state and federal benefit designed to help low-income Medicare beneficiaries pay for their Medicare out-of-pocket costs. In February, the State of Connecticut announced the updated income eligibility guidelines for the year to become effective March 1. The Medicare Savings Program helps pay for the Part B premium which in 2023 is \$164.90 each month resulting in the potential to save approximately \$2000 a year. Depending upon which level of the MSP program you qualify for (see below), the program may also cover deductibles, co-payment and co-insurance payments.

Each state offers a Medicare Savings Program, but the eligibility guidelines vary by state. Some states require both an income and asset limit, however in Connecticut, only an income

limit is considered for eligibility. Due to the high cost of living in Connecticut, the state has one of the most generous income limits to qualify for the program.

All individuals who qualify for the Medicare Savings Program are automatically eligible for the Extra Help/Low Income Subsidy program (LIS) for prescription drugs. In 2023, this program caps generic drugs at \$4.15 and brandname drugs at \$10.35 on your plan's formulary. While many Medicare beneficiaries may pay less than these amounts for their drugs, the point is that one would not pay more than this amount which is particularly valuable when it comes to the expensive brand name drugs. A benefit of the LIS program includes the ability to have a Special Enrollment Period which permits you to switch plans quarterly except for the final quarter. In addition, one is not subject to a late enrollment penalty if one did not enroll in a prescription drug plan when they were first eligible. Note, LIS does not replace a prescription drug plan.

To be eligible for the Medicare Savings Program, one must have Medicare Part A and fall within the income eligibility guidelines listed below. The program works with both Original Medicare and Medicare Advantage Plans. To apply to the program, contact a CHOICES Counselor at the Western CT Area Agency on Aging at 1-800-994-9422 or 1-203-757-5449.

Monthly Income Limits (if your income is at or below these levels)	Costs Covered at each MSP Level (NOTE: All levels qualify You for Extra Help/Low Income Subsidy for Your Prescription Drugs)
\$2,564 SINGLE \$3,468 COUPLE	<ul> <li>QMB – This program is similar to a "Medigap" policy. It pays your Part B premium and all Medicare deductibles and co-insurance.</li> <li>Your Medicare Part B covers doctor costs, outpatient services and some preventive care.</li> <li>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.</li> <li>Co-insurance is the portion of Medicare-approved services that you are responsible for paying.</li> <li>It protects you from being billed for any Medicare-covered services.</li> </ul>
\$2,807 SINGLE \$3,797 COUPLE	SLMB – This program pays for your Part B premium.
\$2,989 SINGLE \$4,043 COUPLE	ALMB – This program pays for your Part B premium. This program is subject to available funding and is not available to individuals with Medicaid.
Connecticut's Official Submitted by: Amanda Halle, WCAAA Staff	

Sources: The Medicare Savings Programs 2023 Brochure from CT Department of Social Services National Council

on Aging (https://ncoa.org/article/what-are-medicare-savings-programs-msps)

On Aging (<u>https://ncoa.org/article/what-are-medicare-savings-programs-msp</u> 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.

### FROM THE SENIOR MEDICARE PATROL



### **CAREGIVER CORNER**

### OLDER AMERICANS MONTH – MAY 2023 IT'S TIME TO SUPPORT FAMILY CAREGIVERS

Ider Americans Month is observed annually every May in the United States. It's primarily observed to recognize the contributions of past and present older persons to the country, particularly those who defended the country. Each year, Older Americans Month comes along with a different theme, such as Older Americans and the Family (1978), In the New Century ... The Future is Aging (2000), Age Strong! Live Long! (2010), and Age My Way (2022). The latter is focused on how older persons can remain in and be involved with their communities.

Older Americans Month was established in 1963 when at the time, there were only 17 million living Americans that had reached their 65th birthday. Around a third of older Americans lived in poverty, and programs to meet their needs were not many. For that reason, there was a growth of interest in older Americans and their concerns. In April 1963, a meeting was held between President John F. Kennedy and members of the Na-



tional Council of Senior Citizens (N.C.S.C.), leading to the designation of May as Senior Citizens Month, now Older Americans Month.

As May is fast approaching, I am reminded of not only the many older adults living in the community but also their family caregivers. There are numerous statistics that show that a family caregiver is someone who works outside the home, is most likely raising a family and spends more than 20+ hours a week providing unpaid care. These statistics should cause us to pause and consider what will happen when a caregiver is not able to provide care due to the physical burden imposed by caregiving or simply because of their own aging. Who is helping these family caregivers and what programs are available to provide support when they need it the most.



#### Submitted by: Michelle Dillane - WCAAA Staff

Sources: https://acl.gov/oam/2023/older-americans-month-2023#:~:text=Every%20May%2C%20the%20Administration%20for.how% 20communities%20can%20combat%20stereotypes. And https://nationaltoday.com/older-americans-month/

### The National Family Caregiver Support Program (NFCSP)



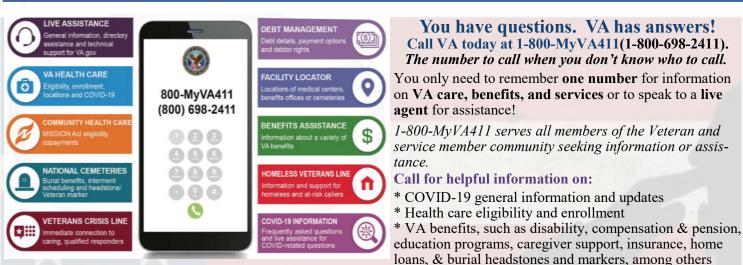
by insurance.

he NFCSP is funded by the Older American Act and funds a variety of supports that help family and informal caregivers care for older adults and individuals with disabilities in their homes for as long as possible which in turn reduces caregiver stress, anxiety, and depression.

The National Family Caregiver Support Program offers a variety of services which can provide respite care services or supplemental services. Respite care is designed to provide a break from the physical and emotional stress from caregiving. Respite care services include, but are not limited to, a homemaker or a home health aide. Supplemental services are one-time health-related items or service options designed to help "fill the gap" when there is a need or there is no other way to obtain the service item needed. The commonly requested supplemental item is an emergency response system or "emergency button" but can also include medical related equipment not covered

If you would like more information about the eligibility requirements for the program or to discuss your particular situation, or how to apply for the program, please contact the program Care Manager, Michelle Dillane, RN at 203-757-5449 ext. 116 or Program assistant Cinthia Ruiz at ext. 117.

### **VETERANS' CORNER**



- \* 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 <u>VA.gov</u>
- \* 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.

**CONNECTICUT VETERAN'S DIRECTED CARE PROGRAM (VDC)** The VDC Program is a consumer directed home and community-based services program designed to keep veterans in their communities. Veterans served through this program have the opportunity to self-direct their own care and receive services in their home from the caregiver of their choice. The VDC program is considered an innovative VA service option that has the potential to be integrated into the permanent menu of federal VA service offerings nationwide.

Who is operating the Program in CT? VDC is a partnership between ADS State Unit on Aging, the VA CT Healthcare System and the five CT Area Agencies on Aging (AAAs). All clients served through the VDC program must first be referred by and then pre-screened by the VAMC (Veteran's Medical Center). If appropriate, the VAMC will refer the Veteran to the appropriate Area Agency on Aging for further assessment and service coordination.

The five AAAs work with a fiscal management service to coordinate payroll for personal care attendants (PCAs) hired by Veterans, assist with management of individualized budgets and assist Veterans with employer related paperwork such as tax forms.

Where is the VDC Program available? Currently the VDC Program is available statewide.

Who Qualifies for the VDC Program? Veterans of any age who:

Reside in Connecticut | Need home and community based services to remain at home and out of an institution | Wish to self -direct their home and community based services | Are willing and able to serve as an employer and hire, fire and manage their own personal care assistant (or have a representative able to fulfill these tasks) | Are determined good candidates for this program based on assessments conducted by the VA and the Area Agencies on Aging | Preference is given to Veterans who have a service-connected disability.

What services will the VDC Provide? VDC provides veterans the opportunity to self-direct their own care. Through this program, veterans employ their own Personal Care Assistants, who can be family members. A fiscal intermediary helps to manage their individualized care plans and corresponding budgets.

How Does One Get More Information or be Referred to the VDC Program? Veterans already connected with the VA health care system can talk to their VA health care provider or VA Case Manager.

If you are not connected, your first step is to register with the Veterans CT Healthcare System. To register you can contact: 203-932-5711 X 3131.

Submitted by: Michelle Dillane- WCAAA Staff

Source: https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/Connecticut-Veterans-Directed-Home--Community-Based-Services-Program For additional information about the Veteran's Directed Care Program please go to the U.S. Department of Veteran's Affairs website: https://www.va.gov/geriatrics/pages/Veteran-Directed\_Care.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:**

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.



#### 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.