



Crawford County
Council on Aging, Inc.
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Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

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Topics of Interest

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Senior Tidings

Crawford County Council on Aging, Inc.

July 2009



Special Edition...Outreach Information

This Special Edition of our monthly newsletter is designed to provide a description of the many services available for persons 60 and older, along with the information on how to access the programs available.

Older Americans Act (OAA)....

Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to States for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the Federal focal point on matters concerning older persons.

Although older individuals may receive services under many other Federal programs, today the OAA is considered to be the major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers. It authorizes a wide array of service pro-

grams through a national network of 56 state agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes.

What is the Older Americans Act?

- The federal Older Americans Act is the foundation of Ohio's aging network, which includes the Ohio Department of Aging, area agencies on aging, senior centers, services providers and others.
- The Act supports nutrition programs, home-and community-based services, caregiver support, long-term care ombudsman programs and senior employment programs.
- The Older Americans Act provides \$46 million in federal funding annually and leverages an additional \$71 million in State and local funds.

Why is the Older Americans Act important?

- The Older Americans Act became law on July 14, 1965 and created the U.S. Administration on Aging.
- It authorized grants to States for

community planning and service programs as well as for research, demonstration and training projects in the field of aging.

- It also authorized grants to Area Agencies on Aging for local needs identification, planning, and funding of services, including but not limited to nutrition programs in the community, as well as, for those who are homebound; programs which serve Native American elders; services targeted at low-income minority elders; health promotion and disease prevention activities; in-home services for frail elders, and those services which protect the rights of older persons such as the long term care ombudsman program.
- The Act was reauthorized on November 13, 2000, creating the National Family Caregiver Support Program.
- The Act was most recently reauthorized October 17, 2006.

How much Older Americans Act funding does Ohio receive annually?

- In 2005, Ohio received more than \$46 million in OAA funding, which includes dollars for supportive services, nutrition programs, disease prevention and health promotion programs, family caregiver support services, elder rights and the Senior Community Services Employment Program (SCSEP).
- Additional dollars in SCSEP funds have been provided to national sponsors (e.g., AARP, Experience Works) operating in Ohio.

Who is eligible to receive Older Americans Act services? Typically, any Ohioan age 60 or older, or any Ohioan who serves as a caregiver for an older Ohioan, is eligible for OAA services. However, due to limited funding, area agencies on aging service providers give priority for services to low-income, minority and rural elders.

How does the Ohio Department of Aging ensure that OAA funds are used appropriately?

- The Department of Aging conducts annual fiscal and programmatic monitoring of area agencies on aging to ensure funds are being used in compliance with federal regulation, state statute and department policy.
- The Ohio Aging Services Information system allows the Department to monitor quarterly service goal attainment at the area agency and service provider level.

What Home-and Community-Based Services are provided by OAA and related state and local funds?

- Nutrition programs and services, including congregate and home-delivered meals, nutrition education and nutrition consultation.
- Case management and care coordination programs
- Outreach services and education programs
- Information and referral about prescription drugs, in-home services and housing options.
- Transportation and escort services for medical visits, meals, shopping and other essential errands.
- Home maintenance and repair
- Disaster services.
- Recreation, wellness and other preventive health programs.
- **Can consumers of OAA Services contribute to the cost of their care?**
- Consumers and their families are encouraged to make donations to help cover the cost of the services they receive. Ohio consumers contribute more than \$7.5 million annually.
- However, consumers are not required to contribute to or share the cost of services and will not be denied services if they choose not to contrib-

ute.

- Selected services such as homemaker and home repair, are provided on a sliding fee scale based on the income of the consumer.
- Funds generated from cost sharing or voluntary contributions for a given service are used to expand that service.

Source: Ohio Department of Aging, Program Profile, www.aging.ohio.gov.

Historical Evolution of Programs for Older Americans

- 1920: The Civil Service Retirement Act provided a retirement system for many governmental employees.
- 1930: The Social Security Act passed; provides for Old Age Assistance and Old Age Survivors Insurance.
- 1937: Railroad Retirement Act provided pensions for retired railroad employees and spouses.
- 1950: President Truman initiated the first National Conference on Aging, sponsored by the Federal Security Agency.
- 1952: First federal funds appropriated for social service programs for older persons under the Social Security Act.
- 1956: Federal Council on Aging created by President Eisenhower.
- 1965: Older Americans Act signed into law on July 14, 1965. It established the Administration on Aging within the Department of Health, Education and Welfare, and called for the creation of State Units on Aging.

Source: www.aoa.gov



History of the Council on Aging

- 1973, a committee gathered with county-wide representation organized for the purpose of studying the needs of the elderly in Crawford County, and for the purpose of seeking ways to address those needs.
 - 1974, the committee on aging for Crawford County was incorporated as the Crawford County Council on Aging, and was awarded grants under the OAA to program services for the elderly of the county.
 - 1978, the Board of Trustees established a modest senior center in a purchased and renovated older building in the downtown business district in the city of Bucyrus. This center became a focal point for the provision of services to the elderly.
 - February 18, 1984: The senior center was destroyed by an extensive fire. After the fire, the Board of Trustees unanimously voted not to renovate the old center building, because the size of the facility no longer accommodated the variety of activities in operation, for the growing number of people using the senior center.
- The Board voted to seek funding to build a new facility and in late 1984, the land for the new site was purchased at our current location. The breaking of the ground and building began in late summer of 1985.
- March 1st, 1986: The Senior Center opened for business on March 1st, 1986. This facility continues to house the business offices, services of the Council on Aging, and also serves as a senior center providing social-recreational services for older adults.

These services are administered and operated out of the multipurpose senior center located at 200 S. Spring St., Bucyrus.

Council on Aging services....

Nutrition Program:

Nutrition services offered through the Older Americans Act are available to all Americans 60 years of age or older, however, service priority is given to frail, homebound, or isolated older adults.

The purpose of Ohio's nutrition program for older adults is three-fold:

1. To offer nutrition services, along with other supportive services, enabling older Ohioans to remain in their own homes and, for those who are able, to continue participating in their communities.
2. To provide nutritionally adequate, safe and appetizing meals, &
3. To address issues associated with nutritional vulnerability, such as lack of information about proper nutrition, poor health, isolation, and lack of transportation.

Home Delivered Meal:

Who is eligible? The person is at least sixty years of age and meets one of the following criteria:

- a. The person is unable to prepare his/her own meals;
- b. The person is unable to participate in a congregate nutrition program because of physical or emotional difficulties; and
- c. The person lacks another meal support service in the home or the community.

A hot nutritious meal is delivered 5 days a week within the city limits of Bucyrus, Crestline, and Galion. Frozen, microwaveable meals for the week are delivered on Mondays. Low sodium and diabetic substitutes are available.

Congregate Meal:

A hot meal, catered by our own staff, is served in a congenial atmosphere designed to promote so-

cialization and sustain and improve participants' health, through safe and nutritious meals served in a group setting. Meals are served Monday through Friday in Bucyrus and Galion at the following locations: The **Bucyrus site** is located at the Senior Center, 200 S. Spring Street. The **Galion site** is located at the Galion Golden Age Club, 301 South Market Street.

Homemaker & Personal Care:

Homemaker service is designed to enable participants to achieve and maintain clean, safe, and healthy environments. Homemaking and personal care services are provided to senior citizens in their homes. The Personal Care Aides are trained to do personal care, such as bathing, grooming, and dressing. They do light housekeeping, laundry, and limited errands.

Chore services: Provides minor help at home, such as washing walls, washing windows, inside & outside (ground level only), etc.

Transportation:

Who is eligible? Crawford County Council on Aging provides transportation for anyone in Crawford County. CCCOA can transport anyone from a location within Crawford County to a destination within Crawford County. Our vehicles are equipped to accommodate handicap individuals; all vans are labeled as "PUBLIC TRANSIT" and our drivers are professionally trained and required to wear Photo I.D. badges.

When are services available? Service is available from 6:00 am to 5:00 pm, Monday through Friday with limited Saturday and holiday services.

Are out-of-county medical appointments ever scheduled? Yes. Transportation is available for passengers 60 years and older to out-of-county medical appointments as follows:

- ⇒ Marion on Tuesdays
- ⇒ Mansfield on Wednesdays
- ⇒ Columbus on Thursdays

Where will the van take me? Rides are usually given to and from services necessary for maintaining independent living, such as medical appointments, nutrition (meal sites), public benefits assistance, grocery stores, banks, laundry facilities, etc. Vans are equipped with wheelchair lifts, and drivers are trained in wheelchair management.

What does it cost to ride? A fare is collected each time a passenger boards the van. Passengers must have the exact fare. Drivers can not make change. The cost of a fare is as follows:

- \$ Passengers 60 years of age and older are not required to pay a fare, but are encouraged to make a donation.
- \$ Disabled passengers ride one way anywhere in Crawford County for 50 cents. Proof of disability is required.
- \$ Trip within the same city is \$1.00 each way.
- \$ Trip from city to city within the county is \$1.50 each way.

How are trips scheduled? Requests for trips can be made no sooner than thirty days in advance, but must be made at least 24 hours in advance. Your request will be coordinated with others to serve as many persons as possible. We recommend you call as soon as possible. Reservations are made on a first come, first served basis.

To request a trip, call 419-562-3050 or 1-800-589-7853, or come to the Council on Aging office at 200 S. Spring St., Bucyrus, OH. You will be asked to give required pertinent, personal information and trip information including the exact address of your destination.

Will I receive help getting on & off the van? Drivers are permitted to assist (take the passenger's arm and provide minimal support) passengers from the main entrance door of the trip's origin to the main entrance door of the destination. Drivers are prohibited from entering the passenger's home or any private residence.

When will the van pick me up? When you make your reservation the scheduler will give you a time the van will arrive to pick you up. The van may arrive as early as 15 minutes before the scheduled pick up time or as late as 15 minutes after the scheduled pick up time, so you must plan accordingly. The driver will come to the main entrance door and wait no longer than 5 minutes past the scheduled pick up time. If you are not at the main entrance door by five minutes after the scheduled pick up time, the driver will leave.

Information & Referral:

The purpose of this service is to assist older adults with identifying and locating available and appropriate community resources that will address their unmet needs, while assisting older adults in accessing benefits for which they may be eligible.

What types of Information & Referral is available?

- Prescription Assistance, including re-evaluation of Medicare Drug Plans during open enrollment
- Assistance filling out applications
- Living Wills, Durable Power of Attorney for Health Care, Do-Not-Resituate, Organ Donation
- Medicare/Medicaid counseling
- Referrals: Home repair, legal, home-based needs, adult protective services, etc.
- Assistance applying for public benefits, i.e. food stamps, medical benefits, HEAP, etc.

How can I receive the Information & Referral that I or my family may need? Information can be accessed by phone, office visit, in-home visit, mail or via e-mail at coa@rroho.com.

Community/Out-of-County Service Organizations....

All services are provided on a donation bases and without discrimination on the basis of race, color, national origin, religion, sex, disability, or Vietnam-era veteran status.

Adult Protective Services:

Ohio laws require county Departments of Job and Family Services to investigate reported abuse of people age 60 and older. The Department of Aging and the aging network actively supports these agencies in this mission to protect older Ohioans from physical, sexual, emotional and financial abuse or neglect.

How do I Report Elder Abuse! If you suspect an older person is being abused, contact *Department of Job and Family Services* (419-468-3255, ext. 248). When you call, be ready to give the elder's name, address, contact information and details about why you are concerned. You may be asked for your name and contact information, but most agencies will honor your request to remain anonymous. Remember, authorities cannot investigate it if they don't know about it!

Advance Health Care Directives:

There are two types of legal documents to indicate a person's instructions for end-of-life health care. One type outlines the kind of medical attention desired, and the other names another person who can make sure these wishes are carried out.

1. Living Will—A living will is a document that details a person's wishes about medical care at the end of his or her life in the event the person becomes incapacitated and is unable to provide instructions. The living will can direct that the process of dying should not be prolonged, and that comfort should be maintained while an illness takes a natural course.

2. Health Care Proxy—(also called "Health Care Power of Attorney" or "Advance Directive") This document allows a person to name someone as a personal representative (the "health care proxy") and gives that person the authority to carry out the dying person's wishes, as outlined in the *Living Will*.

Do Not Resuscitate Order ("DNR")—This instructs medical personnel not to use CPR if the person stops breathing and his heart stops beating.

Values History—Call it a "get-to-know-you-better" document. It explains a person's views on life, pain, spiritual beliefs and death in ways that can help the *health care proxy* interpret those wishes. It is a helpful document to have because every possible medical situation cannot be foreseen.

Will—Another legal document everyone needs which describes how money and property is to be distributed after death. All documents, except for a will (which needs to be drawn up by an attorney), are available at the Council on Aging.

Benefit Bank:

What is the Benefit Bank (TBB)? TBB is a *free* service that offers a one-stop application process for benefits such as food stamps, Home Energy Assistance Program, medical benefits, etc., making it easier, and faster for you to access the programs you need to be healthy and secure.

Where can you go to receive help? Trained counselors based at the Council on Aging (419-562-3050 or 1-800-589-7853) will lead 60+, low-income individuals through TBB software program and public benefits for which they are eligible. This service will help to eliminate the initial office visit made with Jobs & Family Services.

Dental Assistance:

What is OPTIONS? **OPTIONS** (Ohio Partnership To Improve Oral health through access to Needed Services) is a program that links people in need with dentists who have volunteered to treat approved patients for reduced fees. It's a program offered by the Ohio Dental Association with financial assistance from the Ohio Department of Health.

Who are OPTIONS patients? OPTIONS patients are primarily adults, may be a veteran on a limited pension, a grandmother on Social Security, a middle-aged father of three with a catastrophic illness and no insurance or a teenager in a family with a single parent who makes minimum wage. Many want better opportunities, but an unhealthy smile lessens their confidence. They are...

- Without dental insurance (or the means to afford it) and are not eligible for Medicaid.
- People with limited financial resources.
- Senior citizens and other adults on fixed incomes.
- Often in pain and want to have a healthy mouth.

OPTIONS is not an emergency care program.

OPTIONS also helps improve access to dental care for persons who are medically, mentally or physically challenged.

How does OPTIONS work? A patient calls a toll-free telephone number, 1-888-765-6789, to obtain an application. The completed application and proof of income are returned to a referral coordinator who determines eligibility. Many patients are referred to other community resources if they are not eligible for OPTIONS. A patient who is eligible for OPTIONS is matched to a nearby participating dentist. More than 900 dentist are currently enrolled as OPTIONS providers. Referral coordinators work with patients to ensure follow-through with dental care.

What types of dental services are provided? Each dentist decides what treatment is needed and determines the fee and payment arrangements. Services may include an exam, X-rays, cleaning, fluoride treatment, sealants, fillings, extractions, dentures or partials.

You can call toll-free, 1-888-765-6789 to receive an application or talk to a regional OPTIONS referral coordinator or you may contact the Council on Aging for an application.

Golden Buckeye Card Program:

More than two million Ohioans are eligible for the Golden Buckeye card, honored at 20,000 businesses statewide. Golden Buckeye cardholders have saved an estimated \$2 billion since 1976.

How do I get a card? Ohio residents who hold current Ohio Driver Licenses or State ID cards automatically receive a Golden Buckeye card in the month of their 60th birthday. Individuals who do not have a current license or State ID, as well as, people under age 60 who are eligible due to disability, or who otherwise do not receive their card automatically, may apply for a card at most public libraries and senior centers. Due to ID, age and disability (when appropriate) verification requirements, you cannot apply for a Golden Buckeye online or by phone.

How do I get a replacement card? If your Golden Buckeye Card has been lost, stolen or damaged, call 1-866-301-6446 to request a replacement.

Where do I use the card? Most participating merchants display the Golden Buckeye logo on their door, in their window or at the checkout. Look for it wherever you shop. If you don't see it, ask if the business offers a discount for older customers. Businesses that honor the Golden Buckeye card do so voluntarily and choose the savings they offer. Some offer a percentage off a total purchase. Others offer special deals on certain products. Be sure to ask and offer your feedback to help the business create the best savings for their customers.

Heating: Energy Assistance Programs:

The Ohio Department of Development (ODOD) sponsors several Energy Assistance Programs to help low-income Ohioans of all ages.

Home Energy Assistance Program (HEAP) helps low-income Ohioans of all ages pay heating bills in the winter.

Who is eligible: (\$1,579/month income for a single person; \$2,125/month income for a couple). The 2009-2010 HEAP season begins September 1, 2009 and ends on May 31, 2010.

How do I sign up? Call 1-800-282-0880 or contact the Council on Aging for an application.

Winter Crisis Program is a special component of HEAP, the Winter Crisis Program (WCP), is administered by Community Action Agencies throughout Ohio. The WCP provides assistance once per heating season to eligible low-income households that are disconnected, threatened with disconnection, or have less than a ten-day supply of bulk fuel.

Who is eligible: (\$4,738 maximum for the last three months. The Winter Crisis Program is from November 1, 2009 to March 31, 2010.

How do I sign up? Applications are accepted through March 31, 2010. Contact our local Community Action Agency.

Percentage of Income Payment Plan (PIPP) allows eligible customer to make lower energy payments. If you qualify, you can pay 10 percent of your gross monthly household income to the utility company providing your main heating source and five percent to the utility company providing your secondary heating source. You can choose to join PIPP for only one utility service. IF the company provides both gas and electric services or if the customer has an all-electric home, the payment is 15 percent of the gross monthly income.

Eligibility for PIPP: (\$1,354/month income for a single person; \$1,821/month income for a couple). You must apply for all energy assistance for which you are eligible. If you are not eligible based on the 12-month yearly income, you may qualify for PIPP based on your income for the most recent three months.

How do I sign up? Contact your gas or electric company for specific details. The company may refer you to the local community action agency to enroll in PIPP.

What do I need to do to stay on PIPP? Make the required monthly payments; re-verify gross monthly household income a minimum of once every 12 months; reapply for all available energy assistance programs at least every 12 months; apply for weatherization if you are contacted by a utility or state agency representative.

When do I pay the PIPP amount or the current bill?

Electric Customers: During the heating season, typically Nov. 1 through April 15, you pay the percentage of income payment. During the non-heating season, typically April 16 through Oct. 31, you pay your current bill or the PIPP amount, whichever is higher.

Gas Customers: PIPP customers who use natural gas as the primary heating source will pay the 10 percent PIPP payment year-round.

An example of payment: Mr. Jones has a \$500 monthly household income. He would pay \$50 per month (10 percent of his household income) year-round to the gas company. In the winter, Mr. Jones pays the electric company \$25, (5 percent of his household income). However, in the summer, his electric bill may be higher than the \$25. When this happens, he must pay the higher amount to stay on PIPP and to keep his electric service on.

Home Weatherization Assistance Program

(HWAP) helps qualifying low-income households reduce energy use, while increasing the comfort of their homes. Services include attic, wall and basement insulation; blower-door-guided air leakage reduction; heating system repairs or replacements; and health and safety testing and inspections. This program is automatic if on HEAP.

Summer Crisis Program provides summer cooling assistance for low-income elderly households and for Ohioans with qualifying medical conditions. The program applies to electric utilities only.

What are the benefits?

One-time payment assistance of up to \$175 to be toward:

- ☀ Electric bill payment
- ☀ Air conditioner unit, or
- ☀ Fan

Who is eligible?

- Eligibility is based on household size and total household income: One person, \$1,579/month or \$4,738 (last three months); two person, \$2,125/month or \$6,375 (last three months) and must meet one of the following criteria:
- Household member must be at least 60 years old ; or
- Provide physician documentation of medical necessity.

How do I sign up?

Applications for the Summer Crisis Program are accepted from July 1 through August 31, 2009. Contact Ohio Heartland Community Action, 351 South St., Galion for an appointment at 1-800-854-4020.

Housing/Home Repair:

AAA Home Repair Program : The Ohio District 5 Area Agency on Aging provides home repair funds to assist ages 60 and older homeowners.

What is the eligibility requirements? You may be eligible for financial assistance to repair your home if you are the owner/occupant of your home; meet the current income guidelines, be current with your property taxes, & live in Crawford county.

What types of repairs can be done? Roof repair; furnace repair or replacement; plumbing or electrical repair or replacement; structural repair; foundation; floor or wall repair; well, pump, septic repair or replacement; sewer hook-up; accessibility: ramps and enlarge doorways.

How do I request assistance?

1. Call Ohio District 5 Area Agency on Aging at 419-524-4144 or 1-800-860-5799, Website: www.agingnorthcentralohio.org. Provide proof of your income. This can be pay stubs, Social Security benefit statement, or other proof of income.
2. Provide proof that you own the home you occupy.
3. Provide proof that you are current with property taxes.

Rural Development (Home Repair Loans/Grants)

The United States Department of Agriculture Rural Development funds the Rural Development program.

What is the general purpose of the program? The purpose is to improve the living conditions and assist with needed repairs for very low income applicants in rural areas. Loans may be made to modernize the home, to make it safer and more sanitary, or to remove health and safety hazards. When utilizing RH 504 funds, major health or safety hazards should not remain, thus causing the

home to remain uninhabitable.

What types of repairs/installation can be done? Installation or repair of sanitary water and waste disposal systems, including plumbing and fixtures which will meet local Health Department requirements. Energy conservation measures (insulation and combination screen-storm windows and doors) repair or replacement of the heating system or electrical wiring; repair of or provision for structural supports; repair or replacement of the roof, or deteriorated siding; repair or remodel houses to make accessible and usable for persons with disabilities.

What is the eligibility requirements? The dwelling must be located in an area eligible for USDA Rural Development programs. Applicant must own and occupy the home to be repaired and the applicant must meet income requirements.

What are the rates & terms? All RH 504 loans will be 1% interest; loan terms will be for up to 20 years; loans made in combination with grants should be amortized for 20 years; loan limit is \$20,000 outstanding balance; grant limit is \$7,500 lifetime.

For more information, call the USDA Rural Development office in Findlay, Ohio at 419-422-0242 or TTD-1-800-877-8339.

Legal Services:

Elder Law Program is free, high-quality legal services for eligible older residents of western Ohio through Legal Aid of Western Ohio, Inc. (LAWO).

Legal aid of Western Ohio, Inc. works to protect the rights and interests of people 60 years old or older who face legal issues that affect their quality of life. Attorneys and paralegals provide assistance through a combination of community education, outreach, legal representation and advocacy.

Each year, LAWO serves thousands of elderly Ohioans, including victims of elder abuse and financial exploitation, those facing housing crises

and homelessness, and grandparents raising grandchildren.

Applicants may contact the Council on Aging to request an application form be submitted (on your behalf) on their web site. An attorney will contact you at the phone number provided within two business days after Legal Aid Line receives your request for help.

If you wish to call yourself, call Legal Aid Line at 1-888-534-1432, from 9:00 a.m.-5:00 p.m., Monday through Friday or visit their website at www.legalaidline.org.

Medicare Savings Program:

Medicaid: This program allows those who qualify to receive ongoing Medicaid coverage even though they might be receiving other forms of aid.

Medicaid Eligibility: Monthly income \$589.00 (single) & 1011.00 (married); countable assets of not more than \$1,500 (\$2,250 for a couple).

Medicaid Spend-down: Some seniors & people with disabilities will qualify for full Medicaid, and others will qualify for partial Medicaid, called a *spend-down*. Medicaid deducts from your income amounts you pay for covered medical expenses or health insurance.

The Basics of Medicaid Spend-Down: Some people who are 65 years and older or who have disabilities have so little income they automatically qualify for Medicaid. The spend-down program is an option available to everyone who meets all the eligibility requirements for Medicaid, except their income is too high. The program allows these people to deduct medical expenses, like the cost of prescription drugs, from their incomes in order to meet Ohio's Medicaid guidelines.

The county caseworker determines a consumer's monthly spend-down amount by subtracting the monthly Medicaid income limit from an applicant's countable income. The spend-down amount is the

monthly amount of medical expenses a consumer must pay before becoming eligible for Medicaid benefits. There are three ways consumers can work with their county departments of job and family services (CDJFS) to meet the spend-down amount:

1. **On-going:** Consumers provide proof of monthly medical expenses. Such as medical premiums or unpaid past medical bills, that consistently meet to exceed the monthly spend-down amount.
2. **Delayed:** Consumers who do not have monthly medical expenses can submit other medical expenses that meet or exceed their spend-down amount each month. Medicaid eligibility begins on the day the spend-down amount is met and ends the last day of the month.
3. **Pay-in:** Consumers also can pay the spend-down amount directly to their CDJFS each month. The Medicaid card will cover the entire month and should be dated from the first day to the last day of the month.

Medical expenses and bills for medically necessary services that can be counted toward the spend-down amount are:

- Medical bills including doctor and dentist visits, eye exams, prescriptions, physical therapy, medical equipment and lab work;
- Medical insurance premiums;
- Medical insurance co-pays and deductibles;
- Medicare premiums;
- Transportation costs to get to medical appointments, including miles traveled by car and bus or tax fares; and
- Disposable medical supplies that are prescribed and medically necessary, such as adult disposable diapers, gauze and sterile water.

The consumer must mail, fax, or drop off copies of medical bills used to meet spend-down to the case-

worker at the CDJFS. Original medical bills should be kept for the consumer's personal files. After spend-down is met and approved, a Medicaid card will be issued in approximately two business days.

Personal assets and spend-down is a complicated topic and every situation is unique. For more specific information, consumers should contact case-workers at the CDJFS or call the Medicaid Consumer Hotline toll-free at 1-800-324-8680.

Qualified Medicare Beneficiary (QMB): The QMB card is comparable to a **FREE** Medicare Supplement policy. It pays for the deductibles and co-insurance expenses that are not paid by Medicare, as well as, the premium for Medicare part B (\$96.40).

QMB Eligibility: An individual must have Medicare part A (whether premium-free or through enrollment and payment of a monthly premium), countable income not more than 100 percent of the Federal Poverty Level (FPL); \$903/month (single) & \$1,215/month (couple), and countable assets of not more than \$4,000 (\$6,000 for a couple).

QMB Benefits: Benefits are available in the first month after eligibility is determined. The benefits are an entitlement, which means that each person who applies for QMB and is found eligible receives the benefit.

Specified Low-Income Medicare Beneficiary (SLMB):

Eligibility: Like a QMB, a Specified Low-Income Medicare Beneficiary (SLMB) must also have Medicare Part A, countable income between 100 percent and 120 percent of the FPL; \$1,082/month (single) & \$1,456 (couple).

SLMB Benefit: The benefit consists of coverage of the Medicare Part B premium only (\$96.40/month in 2008). Unlike a QMB, an SLMB may receive

benefits for three months prior to application, if he or she was eligible during those months. SLMB benefits, like those of QMB, are an entitlement.

Qualified Individual (QI):

Eligibility: Like QMBs and SLMBs, a Qualified Individual (QI) must have Medicare Part A, an income between 120 and 135 percent of the FPL \$1,218/month (single) and \$1,639/month (couple).

QI Benefit: As with an SLMB, the benefit is payment of the Medicare Part B premium, and benefits may be awarded up to three months retroactively. The QI comes from a block grant to states; if your client is found to be eligible after the state's money has run out, he or she cannot get benefits.

Food Stamps: You may be eligible for assistance with groceries through the Ohio Food Stamp program. Contact the Department of Job & Family Services at 419-562-0015 for more information about eligibility.

Food Stamp eligibility: Monthly income \$1,127.00 (single) & \$1,517.00 (couple); and countable assets of not more than \$3,000 for a single elderly person only (\$3,000 for a couple).

Supplemental Security Income (SSI): This is a federal program, administered by the Social Security Administration (SSA), which provides monthly payments to people who are age 65 or older, blind or disabled individuals with low income and few resources.

DO NOT COUNT 1st \$20 of SS or other types of unearned income (pension, etc.) **DO NOT COUNT** 1st \$65 and 1/2 of remaining earned income.

SSI eligibility: Monthly income \$674.00 (single) or \$1011.00 (couple), and countable assets of not more than \$2,000 (single) and \$3,000 (couple). Generally, the amount of a recipient's monthly SSI payment is based on the actual countable income from two months earlier.

The Council on Aging has trained staff available to help with Medicare, Medicaid, and other insurance issues/problems. Staff training is provided by OSHIIP (Ohio Senior Health Insurance Information Program).

Prescriptions:

Medicare's Prescription Drug Coverage:

Medicare offers insurance coverage for prescription drugs through Medicare drug plans. Insurance companies and other private companies approved by Medicare provide these plans. There are many Medicare drug plans available in our area to choose from. To get information about Medicare drug plans in our area, visit www.medicare.gov on the web, call 1-800-MEDICARE, or contact the Council on Aging.

Once you choose a Medicare drug plan that meets your needs, you should call the company offering the plan and ask, "How do I join your plan?"

Note: If you have prescription drug coverage now, your insurer will send you more information about how your coverage works with, or is affected by, Medicare prescription drug coverage. Read the information carefully before deciding whether to join a Medicare drug plan because the action you take may affect your current coverage.

How do I join a Medicare plan?

You may be able to join a Medicare drug plan in the following ways:

- **By paper application.** Contact the company offering the Medicare drug plan you choose and ask for an application. Once you fill out the application, mail or fax it back to the company.
- **By calling the Medicare plan.** You may be able to join over the telephone.
- **By calling 1-800-MEDICARE.** Call 1-800-633-4227 and tell them the name of the Medicare drug plan you want to join.

- **On the plan's website.** Visit the drug plan company's website. You may be able to join online.
- **On Medicare's website.** You may be able to join a Medicare drug plan through Medicare's online enrollment center by visiting www.medicare.gov on the web. Under "Search Tools," select "Compare Medicare Prescription Drug Plans." Drug plan participation in Medicare's enrollment center is voluntary, so not all plans offer this option.

You will have to provide the number on your Medicare card when you join. You may also be asked to give your Social Security number, but you are not required to provide it.

When can I join a Medicare drug plan?

Generally, you can join, switch, or drop a Medicare drug plan at the following times:

- When you first become eligible for Medicare (3 months before you turn age 65, to 3 months after you turn age 65).
- If you get Medicare due to a disability, you can join from 3 months before to 3 months after your 25th month of cash disability payments.
- From November 15, 2009 to December 31, each year. Your coverage will begin on January 1 of the following year.
- At any time if you qualify for extra help. This includes people who have Medicare and Medicaid, belong to a Medicare Saving Program, get Supplemental Security Income (SSI) benefits (but not Medicaid), and those who apply and qualify.

Medicare Part D "Donut Hole" 2009

What is it?

- The "**donut hole**" refers to the gap in many Medicare Prescription Drug Programs (Part D) during which the consumer must pay 100 percent out-of-pocket for drug purchase costs.
- In 2009, 12 Medicare prescription-only plans offer coverage without any gap (down from 17 in 2007). Coverage is for generic drugs only.
- In the coverage gap, the consumer pays 100 percent of his or her drug costs (plus the monthly premium) until the plan's out-of-pocket limit is reached. At that time, the consumer will get "catastrophic" coverage that covers 95 percent of the drug costs for the rest of the calendar year. The consumer pays the remaining 5 percent.
- Coverage starts over at the beginning of each new calendar year.

What are the costs of Medicare Part D?

- Plans in Ohio charge a monthly premium, depending on coverage.
- Plans can include an annual deductible of up to \$295.
- The consumer typically pays 25 percent of drug costs between \$295 and \$2,700.
- The consumer then pays 100 percent of drug costs between \$2,700 and \$6,153.75 (the donut hole).
- The consumer then pays 10% percent of drug expenses for catastrophic coverage (above \$6,153.75).
- Although amounts may vary based on plan selected, there are two constants: the \$295 maximum deductible and a \$6,153.75 maximum for coverage gap expenses.

Medicare Part D programs offered in Ohio

- 49 Stand alone prescription drug plans; monthly premiums range from \$16.90 to \$97.50; 12 plans

offer gap coverage (for generics only).

- 119 Medicare Advantage health plans offer prescription coverage (must have Medicare A & B plans to participate); monthly premiums of \$0 to \$190; 52 plans offer gap coverage on some or all generics, eight offer additional coverage on a few brands.

Can Ohio's Best Rx be used during the donut hole?

The Centers for Medicare and Medicaid Services (CMS) advises consumers to continue to use their Medicare drug plan card to purchase drugs at the plan's discounted rates.

However, if the Part D plan does not offer gap coverage or only offers coverage on generics, Ohio's Best Rx may be used during the donut hole and any money spent by the consumer should count toward the maximum out-of-pocket expenses.

Note: The merits of using the Ohio's Best Rx prescription discount card during the donut hole should always be weighed on an individual basis, comparing the benefits of discounts versus accessing catastrophic coverage sooner.

Prescription Savings Programs: Prescription medicines are provided thru the pharmaceutical industry **free of charge**, at a fixed rate or at significant discounts. These programs are designed to help patients who might not otherwise have access to necessary medicines.

Each pharmaceutical company determines eligibility for its ***Patient Assistance Programs***. Criteria and the application processes vary. Basic eligibility criteria generally involve income requirements, family size, and status of insurance coverage for prescription drugs.

If you are currently enrolled in a Medicare PDP (Prescription Drug Plan), some companies will still accept your application even though an individual already has prescription drug coverage.

If you would like more information on this pro-

gram, contact the Council on Aging and ask for the Information & Referral Department.

Ohio's Best Rx

What is Ohio's Best Rx? Ohio's Best Rx is a prescription drug discount program designed to lower the cost of prescriptions for Ohio residents who have no drug insurance coverage and are either age 60 or older regardless of income; or under age 60 with income under 300 percent of the federal poverty level (\$2,708 per month for an individual, \$3,643 for a family of two).

How much will Ohio's Best Rx card save on prescriptions? Saving average 34%; the exact amount saved depends on the prescription and pharmacy location. The pharmacies will tell each participant both the Best Rx price and the pharmacy's usual cost; the participant will always pay the lowest price.

How does Ohio's Best Rx work? Individuals or families complete a simple, one page application. There is no fee. The applicant's signature is affirmation that the information provided on the application is true, complete, and accurate; no additional documentation of income, age, or residency is required. Within five business days of receipt of the application, the Program Administrator sends the applicant an Ohio's Best Rx card or written explanation of denial. The card can be used at almost all Ohio pharmacies. There is also a mail order option.

How is Ohio's Best Rx different from other prescription drug discount card programs? Ohio's Best Rx includes people of any age without prescription insurance. Pricing and rebate amount are negotiated in a unique way that allows Ohio's Best Rx participant; the remainder is retained for program operations. Almost all brand and generic drugs receive a discount, not just a select few.

Can participants have both Ohio's Best Rx and other discount cards? Yes, however, only one card

can be used for any one prescription.

Can individuals on Medicaid have the Ohio's Best Rx card? No. However, if an individual is on "Medicaid spend-down" (under which the individual is required to spend their own money for medical costs each month before Medicaid coverage begins), the Ohio's Best Rx card can be used for the time period when an individual is not eligible for the Medicaid benefit.

Can individuals have the Ohio's Best Rx card and the Medicare Prescription Drug Plan (Part D)? Although the Medicare Prescription Drug Program ("Medicare Part D") is prescription insurance, the Ohio's Best Rx discount card may be used with many Part D plans for drugs that are still purchased "out-of-pocket", also known as drugs purchased in the "donut hole" or "coverage gap." Individuals with prescription drug insurance through a Medicare Part D plan are encouraged to check with their Part D plan administrator and/or pharmacist to determine if the Ohio's Best Rx card discount can be applied to out-of-pocket drug purchases during the plan's coverage gap.

Social Security Representative:

Having trouble reaching a live person to talk with at the Social Security Office?

 Mansfield office, 419-522-8425; or

 Marion office, 740-389-3140.

This will hopefully eliminate having to wait to talk with a representative through the toll free number.

Social Security Website: www.socialsecurity.gov

What can you do online? You can also apply for Social Security retirement/spouse's benefits, Social Security disability benefits & apply for extra help with your Medicare prescription drug costs online. You can also see if you qualify for benefits & estimate your future benefits online.

If you get benefits you can change your address or telephone number, get a replacement Medicare card, request a Proof of Income letter, get a Form 1099-1042S (Social Security Benefit Statement, and/or get a password.

If you have a password you can also check your information and benefits, change your address or telephone number, and start or change your direct deposit.

Taxes:

Homestead Exemption- Property Tax Relief:

In 2007, Governor Ted Strickland signed into law an expanded homestead exemption that provides additional property tax relief to qualified senior citizens and permanently and totally disabled Ohioans. Previously, most senior citizens and disabled Ohioans were excluded from the Homestead Exemption because of income tests.

The expanded exemption offers eligible homeowners, regardless of income, the opportunity to shield up to \$25,000 of the market value of their home and up to one acre of land from property taxation. For example, if a home is valued at \$100,000 the property tax will generally be billed as if the home is valued at \$75,000.

In 2008, nearly 97 percent of those eligible for the expanded Homestead Property Tax Exemption applied for and received the credit on their 2007 tax bill. The exact amount of saving varied, but across Ohio, qualified homeowners saved an average of about \$400 per year.

To be eligible, and Ohio resident homeowner must be:

- At least 65 years old or turning 65 in the year for which he is applying; or
- Totally and permanently disabled as of Jan. 1 of the year he applies, as certified by a licensed physician or psychologist, or a state or federal agency; or
- The surviving spouse of a person who received

the previous homestead exemption at the time of death and where the surviving spouse was a least 59 years old on the date of death.

To qualify, an Ohio resident also must own and occupy a home as their principal residence as of Jan. 1 of the year he applies. For individuals who own more than one home, the principal residence is the home where the person is registered to vote and the person's residence for income tax purposes.

Taxpayers who have already filed an application for the expanded homestead exemption do not need to re-file. The original application contains the information the auditor will need. If the county auditor denies the application, the taxpayer will receive a notice explaining the reason for the denial.

A list of county auditor contacts and the application form are available on the Ohio Department of Taxation's Web site. For additional information, contact your local county auditor.

Source: *Aging Connection*, Ohio Department of Aging, April 2009.

Volunteer Income Tax Assistance (VITA):

What is VITA? VITA is a service sponsored by the Internal Revenue service, which begins in February of each year and runs through the tax season. VITA has a team of trained volunteers who are certified by the IRS in helping county residents with their tax returns. Residents of Crawford County may contact the Council on Aging to receive more information regarding assistance with their Federal, state, and local income tax.

Vision:

American Foundation for the Blind:

The *American Foundation for the Blind* (AFB) has launched the AFB Senior Site (<http://www.afb.org/seniorsite>), designed for seniors losing their vision, their families, and the professionals who serve them. The site is rich with information including photos, videos, articles, and resource links to enhance the independence of older people beginning to experience vision loss.

Seniors EyeCare Program:

The *Seniors EyeCare Program* ensures that every senior has access to medical eye care and promotes annual, dilated eye exams.

The Seniors EyeCare Program is designed for people who: (1) Are U.S citizens or legal residents (2) Are age 65 and older (3) Have not seen an ophthalmologist in three or more years (4) Do not have eye care insurance through an HMO or the VA. Call the toll-free helpline at 1-800-222-EYES (3937).

The Ohio District 5 Area Agency on Aging, Inc.....

The Ohio District 5 Area Agency on Aging, Inc. is a private, non-profit program designated by the State of Ohio to carry out the *Older Americans Act* as enacted by the Federal Government in 1965, in the nine counties of PSA 5, including Crawford County.

The Area Agency serves as an advocate and focal point for fostering the development of a comprehensive and coordinated service system to serve older individuals.

This system is designated to ensure that older persons have available a variety of services in their communities to help them remain in independent living, as long as possible. Services funded by the Older Americans Act and other sen-

ior services are available to any person sixty or more years of age. Block Grant Funds are received through the Ohio Department of Aging.

The following programs are administered by Ohio District 5 Area Agency on Aging, Inc. :

PASSPORT Home Care Program:

What is PASSPORT? PASSPORT provides an alternative to nursing home placement through coordinated in-home services to Medicaid eligible older adults. This program provides Medicaid and state funds to assist and enable an individual with long-term care needs to remain in their own home. Services are paid for by PASSPORT and are provided by agencies that PASSPORT contracts with. These agencies are certified and monitored by the PASSPORT program.

Who is eligible? Eligibility is based on the following:

- Persons 60 years of age or older.
- Require nursing home level of care (intermediate or skilled) and are at risk of nursing facility placement.
- Able to have health and safety maintained in their home setting.
- Cost of in-home services provided, must not exceed 60% of the cost of nursing home care.
- Meet financial requirements for assets and income
- Agree to the total care plan
- Have a physician approval.

What services are available? Personal care assistance; Homemaker, Home-Delivered Meals, Chore Service, Transportation, Adult Day Care, Minor Home Modification, Home Medical Equipment and Supplies, Nutrition Consultation. Social Work Counseling, Case Management, by an RN or LSW, to coordinate the care plan which is provided to all

PASSPORT clients.

How do I access PASSPORT? An initial telephone screening assesses the client's needs and reviews financial and program eligibility. If the person expresses interest in the program, an in-person assessment is scheduled and conducted to complete the review of consumer needs and program eligibility. A care plan is developed and approved by the physician prior to initiation of services. Case managers monitor the client on a regular basis to reassess needs and adjust services. If a client is found to be ineligible for PASSPORT, they are referred to or provided with information concerning other programs.

What is the process? Referrals are accepted from any source (hospitals, physicians, family, friends or older consumers seeking assistance for themselves) during the hours of 9:00 a.m. to 5:00 p.m. and should be directed to the Consumer Assistance Unit, by contacting our local Area Agency on Aging at 1-800-860-5799 or (419) 524-4144.

Long-Term Care Consultation (previously known as Care Choice Ohio):

What is it? Long-Term Care Consultation is a service that provides senior and other individuals seeking long-term care the opportunity to explore their present and future care options.

- It provides free information and in-home consultations for persons of any age concerned about planning for the future.
- It is directed to individuals who are able to pay privately for their long-term care services.
- It provides individuals with information on services that are appropriate, affordable and available in their area.
- It provides for more independent living and methods of care.

- It helps "prepare today for tomorrow's choices."

Who is eligible? Any person of any age, looking for information regarding long-term care for themselves or other loved ones. There is no financial eligibility.

What services are available? Free in-home consultations to provide the latest information on available programs and services and any associated eligibility requirements.

How to access the program? If you are interested in a Long-Term Care Consultation, call the Area Agency on Aging, Monday through Friday, 9:00 A.M. to 5:00 P.M. and ask to speak to the Screening Department.

Long Term Care Ombudsman Program:

What is it?

- The Long-Term Care Ombudsman provides a voice for consumers of long-term care services in nursing homes, county homes, residential care facilities, adult care facilities, adult foster homes and in private residences.
- They seek to identify, verify and resolve concerns regarding quality of life and quality of care in the above settings.
- They work with long-term care consumers, families, as well as staff and administrations of long-term care providers to resolve complaints in an objective, unbiased confidential manner.
- They answer requests for information regarding rights and choices in long-term care matters.
- They work to educate consumers, staff and the general public on the rights of consumers of long-term care.

Who is eligible? Long-term care consumers who reside in nursing homes, county homes, residential care facilities, adult care facilities, and adult foster

homes and those residing in their own home receiving home and community based care services regardless of age.

What is the process? Anyone may call or write the Long-Term Care Ombudsman to talk about a concern they may have. The Long-Term Care Ombudsman will handle the concern in a confidential manner. The Staff provide advocacy, education, mediation, negotiation and empowerment to resolve the concern. In this client driven system, the client directs the long-term care ombudsman as to how far to proceed with their investigation.

How To Access the Program? If you have a concern, call the Long-Term Care Ombudsman Office, Monday through Friday, 9:00 A.M. to 5:00 P.M. or leave a message:

Anyone may file a complaint. Call or write the Long Term Care Ombudsman Program, 780 Park Avenue West, P.O. Box 1978, Mansfield, Ohio, 44901, (419) 526-6565 or 1-800-686-1639.

Community Care Coordination Program:

What is it? The Area Agency on Aging Care Coordination Program helps to locate, activate and coordinate in-home services for frail elderly persons, age 60 or older, who are at risk of needing institutional care. The Care Manager can purchase homemaker, personal care or respite services for consumers when funding is available and can link consumers with resources in the community.

Who is eligible? Those who are at least 60 years old who need assistance, and their caregivers are eligible to receive services. There are no financial eligibility requirements, although the client is given an opportunity to make a voluntary contribution towards the cost of their service.

What services are available? The available services include homemaker, personal care, and Caregiver or Alzheimer Respite (in-home or Adult Day Service).

- Homemaker: Assistance with cleaning, laundry, shopping or meal preparation
- Personal Care: Assistance with homemaking tasks and personal care.
- Alzheimer or Caregiver Respite: Enables family caregivers to be temporarily relieved from their caregiving responsibilities.

How to access the program? Seniors in need of assistance or their caregivers can call the Area Agency on Aging at 419-524-4144 or 1-800-860-5799 and discuss their situation and needs with a nurse or social worker in the "Consumer Assistance Unit."

The senior/caregiver will be given information concerning the available programs and services.

Residential State Supplement Program (RSS):

What is it? The R.S.S. program is a state-funded cash assistance program for Medicaid-eligible aged, blind, or disabled adults who are determined to be at risk of needing institutional care.

It provides a cash supplement to a person's income to help pay the costs of a community based living arrangement. It is a cash supplement to a client's own income.

Who is eligible?

- Persons 18 years of age or older
- Blind or disabled
- Meet financial requirements for assets and income
- Require at least a protective level of care
- Require less than 120 days of skilled nursing service
- Require less than 24 hour supervision
- Willing to reside in a certified Adult Foster Home, licensed Adult Family or Group Home,

Residential Care Facility, licensed Community Alternative Home, or licensed Mental Health Residential Facility

What services are available?

- Room and board, plus the services available at the licensed or certified home, which may include housekeeping, laundry, transportation, security, social and recreational activities.
- Medicaid coverage for health care
- Residential Case Management Services from an R.N. or L.S.W.

What is the process?

- An initial telephone screening assesses the client's needs and reviews financial and program eligibility.
- If the person expresses interest in the program, an in-home assessment is scheduled and conducted.
- A residential service plan is developed and the prospective client tours approved community housing arrangements that can meet their identified needs.
- When the client meets program eligibility requirements and is residing in approved housing, the client is enrolled and begins receiving the Residential State Supplement income.
- A case manager monitors the client's residential service plan on a regular basis to reassess needs and make necessary service plan changes.

How to access the program? Referrals are accepted from any source (hospitals, physicians, family, friends or older consumers seeking assistance) during the hours of 9:00 a.m. to 5:00 p.m. and should be directed to the Consumer Assistance Unit.

For more information regarding Ohio District 5 Area Agency on Aging services listed on pages 16-19, call 419-524-4144 or 1-800-860-5799.

Senior Citizens Day... Crawford County Fair



It's that time of year again...mark your calendar for **Thursday, July 23, 2009**, Senior Citizens Day at the Crawford County Fair. The day will be loaded with entertainment, lunch, informational booths, door prizes, and much more.

- Doors open at **10:00 a.m.**
- Entertainment will begin at **10:30 a.m.**, arranged by CCCOA & Heartland of Bucyrus.
- Lunch, provided by Heartland of Bucyrus, will be served at **12 noon** in the Youth Building. Door prizes will be awarded after lunch (you must be present to win).

Senior Citizen admission into the fair grounds will cost \$1.00. Lunch will be **free** of charge, but as in previous years, a ticket is needed to reserve a seat and a box lunch. Reservations will be accepted beginning Monday, July 6, 2009.

Tickets can be picked up at the Council on Aging, 200 S. Spring St., Bucyrus. In an attempt to eliminate waiting at the door, all tickets must be picked up at the Senior Center before Thursday, July 23rd.

If you're unable to pick up your ticket, please send a self-addressed stamped envelope to: **Senior Fair Tickets, 200 S. Spring St., P.O. Box 166, Bucyrus, OH 44820.**

Only Crawford County residents 60 years of age and older with a ticket will be guaranteed a seat and a lunch.

For anyone in need of transportation, please make reservations for a ride at the same time your fair ticket reservations are made. Transportation will be provided based on vehicle availability. The deadline to schedule a ride is Monday, July 20th by 5:00 p.m.



Cell Phone Recycling:

We have been collecting used cell phones as a fundraising project. This year we will also be accepting *small electronics* in hopes of keeping additional toxic waste out of the trash.

Don't forget to drop off your used cell phones & accessories:

**Council on Aging
200 S. Spring St.
Bucyrus, Ohio 44820**



Donations for the Council on Aging newsletter, *Senior Tidings*, are always appreciated. The number of newsletters printed monthly has greatly increased over the past year. The mailing cost for each home is estimated to be **\$5.00 per year**. All donations should be sent to the Council on Aging, 200 S. Spring St., Bucyrus 44820. Thank you for your support!

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