



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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# Senior Tidings

Crawford County Council on Aging, Inc.

March 2009



## **Council on Aging Services....**

Council on Aging Services for 2008

**Transportation Trips....29,823**

**Transportation miles....195,832**

**In-Home Service Hours....20,363**

**Congregate Meals....6,665**

**Home Delivered Meals....59,072**

Council on Aging is very proud of the service provided to the residents of Crawford County age 60 and older whose quality of life is better because of these services.

Much credit for the number of miles, hours and meals goes to the full-time and part-time employees working in the In-Home Services Department, Nutrition Department and the Transportation Department.

Even with the paid employees, this

amount of service could not be realized without our volunteer staff. The Home Delivered Meals program alone needs people to volunteer their time for ½ to 1 hour to deliver hot meals on twelve routes per day, 244 days each year. If we do not have volunteers, but instead employ someone to deliver meals, the number of meals we can provide is compromised. Obviously, the Council on Aging is always on the lookout for additional volunteers.

Finally, recognition also goes to the past and present members of the Board of Trustees who not only volunteer their time and talents to oversee the business of the agency, but many of whom also regularly volunteer to deliver meals.

## **Health & Nutrition....**



### **Can Pets Help Keep You Healthy?**

Today animal companions are more popular than ever. The pet population nationwide has been growing dramatically for nearly a half century, from about 40 million pet cats and dogs in 1967 to more than 160

million in 2006. About two-thirds of U.S. households now own at least one pet.

It's true that scientific study of the human-animal bond is still in its infancy. Several small or anecdotal studies have uncovered intriguing connections between human health

and animal interactions. However, more rigorous follow-up studies have often shown mixed results.

This past year, NIH (National Institutes of Health) hosted several meetings to bring together leading experts in the field of human-animal interactions. The investigators discussed findings to date and ways to improve ongoing research.

Some of the largest and most well-designed studies in this field suggest that four-legged friends can help to improve your *cardiovascular* health. One NIH-funded study looked at 421 adults who'd suffered heart attacks. A year later, the scientists found, dog owners were significantly more likely to still be alive than were those who did not own dogs, regardless of the severity of the heart attack.

Another study looked at 240 married couples. Those who owned a pet were found to have lower heart rates and blood pressure, whether at rest or when undergoing stressful tests, than those without pets. Pet owners also seemed to have milder responses and quicker recovery from stress when they were with their pets than with a spouse or friend.

Man's best friend may help you make more human friends, too. Several studies have shown that walking with a dog leads to more conversations and helps you stay socially connected. And studies have clearly shown that people who have more social relationships tend to live longer and are less likely to show mental and physical declines as they grow older. "It's hard to walk a dog and not have someone talk to you or interact with you, compared to walking alone," says Dr Sandra Barker, Director of the Center for Human-Animal Interaction at Virginia Commonwealth University.

Source: NIH, *News in Health* (Feb. 2009), National Institutes of Health, Department of Health & Human Services, [newsinhealth.nih.gov](http://newsinhealth.nih.gov)



## Web Tool Predicts Colon Cancer Risk

A new online tool can help calculate your risk for colorectal cancer if you're age 50 or older. A better understanding of your risk will help you and your doctor make more informed choices about which screening tests you should take to detect signs of cancer before symptoms appear.

It takes only 5-8 minutes to answer about 15 questions at the online tool's web site. It will then calculate your risk for colorectal cancer. The initial version of the risk assessment tool is only designed to assess cancer risk for non-Hispanic whites age 50 or older. But NIH scientists are now working to expand the tool to include additional ages and racial/ethnic groups.

Researchers stress that it's important to talk with your primary health care provider about the results. The new tool is now available online at [www.cancer.gov/colorectalcancerrisk/about-tool.aspx](http://www.cancer.gov/colorectalcancerrisk/about-tool.aspx)

Source: NIH, *News in Health* (Feb. 2009), National Institutes of Health, Department of Health & Human Services, [newsinhealth.nih.gov](http://newsinhealth.nih.gov)



## Heart Attack-Warning Signs

Warning signs of a heart attack can be both sudden and intense or they can start out with mild aches and pains and develop slowly. It is important to be able to recognize these warning signs and report them immediately by calling 911:

- New chest pain or discomfort that lasts longer than 15 minutes and is not relieved by rest or medication.
- Discomfort in other areas of the body (jaw, neck, back or arm)
- Breaking out in a cold sweat, nausea/vomiting or lightheadedness
- Fainting spell or loss of consciousness.

About every 26 seconds, an American will suffer a coronary event, and about every minute someone will die from one.

### **Note.... Heart Attack Signs in Women**

Women who have had a heart attack recalled having warning signs up to a month before their heart attack. Their unique warning signs were not recognized or were misdiagnosed when they sought medical care. The most common early warning signs are unusual fatigue, sleep disturbance, shortness of breath, indigestion and anxiety.

Source: *The Comfort of Home*, Caregiver Assistance News, Ohio District 5 Area Agency on Aging, Inc., February 2009.

## Social Security Economic Stimulus Payment....



President Obama recently signed the American Recovery and Reinvestment Act of 2009. This act provides for the one-time payment of \$250 to individuals who get Supplemental Security Income (SSI) or Social Security benefits.

We expect everyone who is entitled to a payment to receive it by late May 2009. **No action is required on your part.**

We are currently working on the details regarding how we will issue nearly 55 million one-time payments to our beneficiaries.

### **Q: Who will receive a one-time economic stimulus payment from Social Security?**

A: Nearly 55 million Social Security and SSI beneficiaries will receive a one-time payment of \$250 each. To receive a payment, the beneficiary's address of record must be in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands.

### **Q: When can I expect to receive my one-time economic stimulus payment?**

A: We plan to pay all eligible Social Security and SSI beneficiaries by late May 2009, so you should expect to receive your payment no later than the first week of June 2009. The one-time payment will be a separate payment, which will not be included in your regular monthly benefit payment.

### **Q: How will I receive my one-time economic stimulus payment?**

A: We will deliver your payment in the same way we currently deliver your Social Security or SSI benefit. If we deliver your monthly benefit by check, we will deliver your one-time payment by check. If you receive a monthly direct deposit or Direct Express® debit card payment, that is how you will receive your one-time payment.

Source: *Social Security*, [www.ssa.gov/payment/](http://www.ssa.gov/payment/)

## Changing Medicare Health Plans....



Most people with Medicare have one last chance to change their Medicare health coverage before they are locked into their plans for the rest of the calendar year.

During the Open Enrollment Period, which began January 1st and lasts through March 31, you can change your choice of Medicare health coverage once, but you cannot choose to add or drop the Medicare drug benefit (Part D). Your new coverage will start the first of the month after you make your selection.

For example, if you are in a Medicare private health plan (such as a HMO, PPO or Private-Fee-for-Service Plan) with drug coverage, you can change to Original Medicare, with a stand-alone drug plan. Since you must continue to have drug coverage, or another Medicare private health plan with drug coverage, you cannot have a stand-alone

drug plan. You cannot use this period to switch to another stand-alone drug plan. This would be considered as only a drug coverage change, not a health plan change. You can however, change to a Medicare private health plan with drug coverage.

Under certain circumstances, you may be eligible for a Special Enrollment Period (SEP) to change health or drug plans. You qualify for an SEP if, for example, you move out of your plan's service area, or if you've been misled into enrolling into a private Medicare health or drug plan. But you do not have the right to switch plans if your doctor leaves the plan's network in the middle of the year, or if your plan decides to raise the price of a drug you take. Providers can drop out of your plan at any time, but you can only change at certain times of the year.

Another thing to keep in mind is your right to purchase a Medigap policy. A Medigap policy is supplemental insurance for which you pay a monthly premium. It fills gaps in Original Medicare. It allows you to keep the flexibility of Original Medicare, which lets you see any doctor that takes Medicare without having to get permission first, and keeps costs predictable. However, you can only buy Medigaps at certain times and have the most choice when you first become eligible for Medicare if you are 65 or older (there is no similar protection under federal law for people under 65 but some states offer additional safeguards). If you are enrolled in a Medicare private health plan for longer than 12 months, you may be giving up, for life, your right to purchase a Medigap policy or to purchase one without medical underwriting (a premium that is higher if you have health problems).

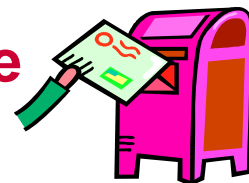
If you are over 65, had the right to buy a Medigap policy to supplemental Original Medicare but chose to enroll in a Medicare private health plan instead, or if you dropped a Medigap policy to join a Medicare private health plan, you have the right to purchase a Medigap policy only if you disenroll from the Medicare private health plan within 12 months. Some insurance companies may be willing

to sell you a Medigap policy after that but there is no guarantee that you will be able to get one unless you live in a state that offers more protection than the federal government requires.

Let's say, for example that you have Original Medicare with a Medigap plan, during the Open Enrollment Period, but you want to go back to Original Medicare with a Medigap plan. Since more than 12 months have passed since you enrolled in the Medicare private health plan, there is no guarantee that you will be able to buy a Medigap policy again unless your state has additional protections.

Source: *Medicare Interactive*, March 2009.

## Marci's Medicare Answers....



Dear Marci,



**I recently had a kidney transplant. My doctor said I will need diet counseling so that I can learn to eat the right foods. Does Medicare cover this counseling?**

—Tonya

Dear Tonya,

Medical nutritional therapy, which may include diet counseling, is designed to help you learn to eat right so you can better manage your illness. With a doctor's referral, Medicare will cover 80 percent of the cost of medical nutritional therapy for people with diabetes, chronic renal disease, or who are post-kidney transplant patients, after they have met their annual Part B deductible.

Medicare will generally cover three hours of medical nutritional therapy for the first year and two hours every year thereafter, although it will cover more hours if your doctor says you need them. In order to have Medicare cover these therapy ses-

sions, you must get these services from a registered dietitian or other qualified nutrition professional. Talk to your doctor if you think you qualify for this benefit.

—Marci

**Dear Marci,**



**Can I have both Medicare and VA (Veteran Affairs) benefits?**

—John

Dear John,

Yes, you can have both, but Medicare and VA benefits **do not work together**. To receive VA benefits, you must get care at a VA facility. Medicare does not pay for any care provided at a VA facility.

Many veterans use their VA health benefits to get coverage for services not covered by Medicare. For example, some veterans use VA services to obtain prescription drugs that are excluded from Medicare drug coverage (benzodiazepines and barbiturates, for example), but rely on Medicare for their other prescriptions and medical care.

—Marci

**Dear Marci,**



**I have health insurance coverage through my spouse's current job. Which is my primary insurer: Medicare or the employer insurance?**

—Mary Beth

Dear Mary Beth,

If you are **65 or older** and you have health insurance coverage through your or your spouse's current job with an employer that has **20 or more employees**, your employer coverage is primary.

—Marci

**Dear Marci,**



**With my doctor's help, I asked my Medicare private drug plan (Part D) for an exception to have it cover a medication not on its formulary. My request was denied. Can I appeal?**

—Joanne (Kenton, OH)

Dear Joanne,

Yes. Your plan should have sent you a "Notice of Denial of Medicare Prescription Drug Coverage", which explains why the plan is denying coverage. You need this formal "no" in writing to begin the appeal (as opposed to just a "no" at the pharmacy). The notice **tells you where to send your appeal**.

If you have had to pay for your drug out-of-pocket since your plan denied your exception request, be sure to submit receipts and request reimbursement from the plan in your appeal. If your plan denies your request, you can appeal at higher levels.

The process for appealing is the same whether you are in a Medicare private health plan with drug coverage (MA-PD) or stand-alone private drug plan (PDP).

—Marci

**Dear Marci,**



**My mother's primary doctor wants her to see a dermatologist. Her Medicare HMO says it will not pay for the visit. Is there anything she can do?**

—Victoria (Ocean City, NJ)

Dear Victoria,

She can appeal. Your mother will first need to get the denial in writing from the plan (she may have to call the plan to request it). She must then send

a letter to the plan, within 60 days of the date on the denial notice, explaining why she needs the service. Ideally, she should also include a supporting statement from her doctor explaining why she needs the service (medical necessity). If the appeal is rejected, she can appeal at upper levels.

—Marci

Dear Marci,



I have Original Medicare. My latest Medicare Summary Notice (MSN) says Medicare is not going to cover certain medical tests my doctor prescribed last month. Can I appeal?

—Emily (Indianapolis, IN)

Dear Emily,

Yes. But first check with your doctor's office to make sure they coded for the correct service when they submitted the claim. A miscoded claim can sometimes result in a coverage denial. Medicare should grant coverage if your doctor re-files the claim with the correct billing information.

If the claim was coded correctly, and you think the care you received was medically necessary, you should appeal. The MSN you received in the mail will have instructions for how to appeal. If Medicare denies your appeal, you do not have to take no for an answer. There are up to four additional levels of appeals you can pursue. Always enlist the support of your doctor—his/her support can be crucial to your success.

—Marci

Source: **Marci's Medicare Answers** is a service of the Medicare Rights Center ([www.medicarerights.org](http://www.medicarerights.org)), the nation's largest independent source of information and assistance for people with Medicare. To speak with a counselor, call (800) 333-4114. To subscribe to "Dear Marci," MRC's free educational e-newsletter, simply e-mail

[dearmarci@medicarerights.org](mailto:dearmarci@medicarerights.org). March 2009; Vol. 8, Issue 7; Vol. 8, Issue 6; Vol. 8, Issue 5.

To learn more about the services that Medicare will cover and how to change plans, log on to Medicare Interactive Counselor at the Medicare Rights Center's website at [www.medicareinteractive.org](http://www.medicareinteractive.org).

## Digital TV Transition Delay...



### Older Ohioans Must Act Now, Despite Digital TV Transition Delay

Senate Bill 352 rescheduled the nation's mandated switch to digital-only television broadcasts to June 12, in response to concerns that too many people were unprepared and that a government program to subsidize the cost of converter equipment was unable to meet demand. Still, many older Ohioans will struggle with the transition as converter equipment and assistance see more demand and as many Ohio stations make the switch earlier.

As many as 10 stations serving Ohio markets discontinued their analog broadcasts on or before the original Feb. 17 shut-off date. More stations will be eligible to switch to digital-only signals after March 14. *By midnight on June 12, all full-power broadcast TV stations in the nation are required to switch exclusively to a digital broadcast signal.*

The federal program to provide up to two \$40 coupons to be used toward the purchase of digital converter boxes had approximately 2.6 million Americans on its waiting list at the beginning of February. Approximately 100,000 new coupons are issued daily as previously-issued ones go unused and expire. The American Recovery and Reinvestment Act, recently passed, provides more funding for the coupon program, but it is unclear how soon this will help eliminate the backlog.

All Ohioans are encouraged to act quickly if they are not yet prepared for DTV. Consumer groups expect a last-minute push for converter boxes to exhaust the current supply quickly, with new stock not set to arrive until late March. However, some

online merchants accept the coupons and my have stock after local retailers run out.

Individuals who have questions about getting coupons, buying and installing a converter or receiving digital broadcasts should call the FCC's national call center at 1-888-225-5322. To request a converter box coupon, visit [www.dtv2009.gov](http://www.dtv2009.gov) or call 1-888-388-2009. Coupon applications are also available at the Council on Aging.



## BBB Senior Alert...

### Disabled Veterans Telemarketing? Probably Not

Seniors tell us that they continue to get phone solicitations from “disabled veteran” organizations selling household products. The caller leads them to believe that they are talking to a disabled veteran who is selling items such as a 3 pack of light bulbs for \$45, trash bags for \$70, all purpose cleaner for \$70, etc. They say the proceeds will help disabled veterans.

Seniors need to understand they may not be speaking to a disabled person or to a veteran. Some companies may give the impression that they are non-profit, when they are actually for-profit.

There was a recent article regarding an 82 year old West Virginia man, who was a disabled World War II veteran. He bought from the phone solicitor high priced items he really didn't need in order to help the veterans. Soon the company started billing him for items he neither ordered nor received.

In another instance an 84 year old Indiana lady bought from a company she was lead to believe was a non-profit agency helping disabled veterans. The companies then “made up” amounts that she owed, threatened her that if she didn't pay, she would be labeled “deadbeat” and her good name would be damaged.

There are charities that work very hard to help disabled veterans and ones that take advantage of seniors. How do you know the difference?

When you get a phone call asking to buy a product or donate money, get the company's name, ad-

dress, phone number or ask them to send you information. Tell them you want to check them out with the **Better Business Bureau** before you make any decisions.

**A good rule of thumb....Keep your donations to local organizations and ministries.**

### Debt Settlement Companies... Use Caution

Seniors have called our office asking about Debt Settlement (also called Debt Negotiation) companies. They advertise how easily they can get you out of credit card debt. They promise to lower interest rates, negotiate with creditors and reduce the debt. This is not always true.

The company will have you sign a contract and a Power of Attorney. They may suggest that you do not talk to or pay your creditors. You are to pay the settlement company monthly. The first payments generally go for the account set up fee, the monthly service fee and a percentage of the money you could save if or when your balance is settled. This could be several months of payments. It may take months before you have enough money in your account before your creditors are contacted. There is no guarantee a creditor will accept partial settlement of your debt. In the meantime, if you aren't communicating with or paying your creditors, they could file a law suit against you.

Keep in mind, late fees and interest are generally added to an unpaid balance each month. If this causes you to exceed your credit limit, additional fees could also be incurred. Some consumers have stated that their credit card balance increased because payments weren't being made.

Complaints received state the consumers thought their creditors were being paid. When they wanted to cancel the contract, the settlement company would not return the thousands of dollars paid in. Also many consumers were never told that if a creditor settles for part of the balance owed, the amount dismissed may be considered as taxable income by the IRS.

Please don't confuse Credit Counseling with Debt Settlement.

There are Credit Counseling organizations in NW Ohio and SE MI that charge minimal fees and only have your best interest at heart.

Please call the BBB for a list of these Credit Counseling agencies. Before dealing with any company, make sure you check them out. Just call the BBB at 419-531-3116 or 1-800-743-4222 or [www.bbb.org](http://www.bbb.org)

Source: Better Business Bureau Foundation serving NW OH and SE MI, Inc., Faye E. Wenzlick, Director Smart Senior Program.

## 2008 Tax Season.....VITA



The **Volunteer Income Tax Assistance** program is an Internal Revenue Service authorized program offering **FREE** income tax assistance for State Income Tax, Ohio School District Tax, & Local City Income Tax. VITA is offered to elderly, disabled, and low to moderate income taxpayers.

**Location:** Holy Trinity Catholic School, 760 Tiffin St., Bucyrus (enter door in back of building, closest to playground).

**Call:** Crawford County Council on Aging to schedule VITA appointments at 419/562-3050 or 1-800-589-7853.

## Name that Food!....



Most of us eat at least three times a day. How much do you REALLY know about the foods you eat? (*Name game...answers at end of article.*)

Food 1: I'm red and round and contain vitamins C and A. Though most people call me a vegetable, I'm really a fruit. I taste best when I'm stored at room temperature away from direct sunlight.

Food 2: I'm a member of the grain food group and a good source of fiber. I increase in size after I'm prepared. Three cups of me, served without added fat

or sugar, provide less than 100 calories. I'm often eaten as a snack.

Food 3: I'm a good source of potassium. Store me at room temperature until I ripen; then refrigerate me. Though my skin darkens in the refrigerator, I'll still be light inside.

Food 4: A cup of me is similar to milk in calcium content. I'm available in several flavors. I'm a food source of protein and the B vitamin, riboflavin.

*Answers: tomato, popcorn, banana, yogurt*

Source: <http://Lancaster.unl.edu/food/>



**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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