



Senior Tidings

Crawford County Council on Aging, Inc.

August 2010

Crawford County
Council on Aging, Inc.
200 S. Spring St.
Bucyrus, Ohio 44820

419/562-3050 or
1-800-589-7853

Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

e-mail: coa@rroho.com

Website:
crawfordcountyaging.com

Topics of Interest

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Council on Aging...notes

Crocheting classes



Classes will be canceled for the month of August. Classes will resume in September. Please check the September newsletter for time & date. Anyone interested is welcome to attend.

Crawford County
Council on Aging
200 S. Spring St.
P.O. Box 166
Bucyrus, OH 44820.

Cell Phone Recycling:

The Council on Aging continues to collect used cell phones as a fundraising project, but we still need your help. We also accept small electronics in hopes of keeping additional toxic waste out of the trash.

Simply, drop off your used electronics at: 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:



Health & Nutrition....



Hot Weather Safety... Drink up!

Drinking enough water, especially in hot weather, can be difficult for the elderly, infants, and those taking certain medications, whose sense of thirst may not be recognized.

Water is involved in all body processes. We need the proper amount for those processes to work correctly.

It's a delicate balancing act, that a healthy body does automatically. People lose water through urination, sweating, bowel movements, and even breathing (think of the steam

you see on a mirror when you breathe on it). Along with fluid loss, you lose salts, minerals and chemicals that your body needs to work properly. The loss of these fluids and salts can be serious, especially for older people.

Dehydration Symptoms

- Headache-the most common symptom
- Dry mouth and tongue
- Cracked lips and dry skin
- Sunken eyes
- Nausea, vomiting, diarrhea
- Dark, strong smelling urine
- Weight loss
- Fast heart beat
- Low blood pressure
- Confusion, light-headedness

When you don't take in enough water to replace what you lose, your blood becomes more concentrated. In most people, this triggers thirst, which is your body's way of telling you it needs more water. If you ignore this feeling, or if your "thirst button" isn't working properly, you can become dehydrated, meaning that your body doesn't have enough fluid to work properly.

Heat Exhaustion Symptoms

- Heavy sweating
- Cold, clammy skin
- Dizziness or fainting
- A weak and rapid pulse
- Muscle cramps
- Fast, shallow breathing
- Nausea, vomiting or both

Heat Stroke Symptoms

- Warm, dry skin with no sweating

- Strong and rapid pulse
- Confusion and/or unconsciousness
- High fever
- Throbbing headache
- Nausea and/or vomiting
- Combativeness, bizarre behavior, staggering

Dehydration: What to Do

If you suspect dehydration, offer the person in your care small amounts of water over a period of time. Taking too much all at once can overload the stomach and cause vomiting.

- Get the person out of the sun and into a cool place.
- Offer fluids like water, or fruit and vegetable juices.
- Urge the person to lie down and rest.
- Encourage the person to shower, bathe or sponge off with cool water.

Source: *The Comfort of Home, Caregiver Assistance News*, Ohio District 5 Area Agency on Aging, Inc., July 2010.

HEAP Summer Crisis Program....up to \$175



Funding to assist eligible households with summer cooling costs through the Home Energy Assistance Program (HEAP) Summer Crisis Program is available July 1 through Aug. 31, 2010.

The HEAP Summer Crisis Program, administered by the Ohio Department of Development and its local agency partners, provides assistance to:

- low-income households with an elderly member (60 years or older), or
- households that can provide physician document-

tation that cooling assistance is needed for a household member's health.

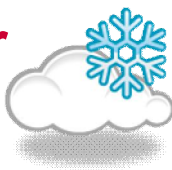
These households are eligible for electric bill payment assistance of up to \$175. For many eligible customers, \$175 will cover one month's electric bill.

Residents of Crawford County will need to make an appointment for assistance by calling the *Energy Assistance Appointment Hotline* at 1-866-861-6421.

The gross income of eligible households must be at or below 200 percent of the federal poverty guidelines (\$44,100 for a family of four).

For more information, call the toll-free HEAP hotline at 1-800-282-0880.

Funds available for Weatherization....



Stimulus funds available to help trim energy bills

Ohio has been granted \$267 million in federal stimulus money to weatherize homes across the state through the Home Weatherization Assistance Program (HWAP). Initial reports have shown Ohio weatherized nearly 7,000 homes in the second half of 2009 making it No. 1 for weatherization in the United States, according to the U.S. Department of Energy.

HWAP helps low-income families reduce their heating and cooling bills by making their homes more energy efficient. The program provides a variety of services to income-eligible families, such as furnace tune-ups and inspections, and insulation of attics, walls and floors.

The program is available to households with an annual income at or below 200 percent of the federal poverty guidelines. A family of four under the current guidelines is eligible for the program with

an income level at or below \$44,100. Applications can be obtained from the Crawford County Community Action agency at 352 South St., Galion, OH, (419) 468-5121 or 1-800-854-4020.

Medicare information....

Medicare Plan Finder corrects SilverScript PDP costs—refund available

The prescription drug prices for SilverScript's plans from CVS Caremark Corporation were inaccurate on the Plan Finder tool from Oct. 8, 2009, to Jan. 8, 2010. CMS suppressed the information until it was corrected, but incorrect pricing was listed on the website. Although CMS is assessing this error with SilverScript, no sanction had been imposed as of June 4. Beneficiaries are eligible for a refund of the price difference. Refund requests must go directly to CVS; the refund will be issued by CVS. Beneficiaries interested in switching plans based on misleading information may contact 1-800-MEDICARE to request this switch.



Medicare Drug Plan Reminder

Why is my Medicare drug plan refusing to cover a drug that is on its list of covered drugs (formulary)?

There are two possible reasons. To make sure you take the correct action, you should know why your plan is denying you coverage and get the reason in writing.

1. Coverage restrictions

Your plan may deny coverage for a drug that is on its list of covered drugs (formulary) if it has placed any of the following restrictions on that drug.

- **Prior Authorization:** Your plan requires that you ask for special permission before it will consider covering the drug.
- **Quantity Limits:** Your plan will only cover a

certain amount of a prescription. If your doctor is prescribing more than the amount approved on the formulary, the prescription may be denied.

- **Step Therapy:** Your doctor must show that you tried a less expensive medication before your plan will cover a more expensive one.

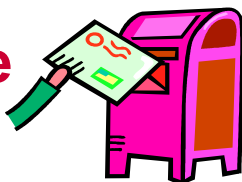
If your plan is denying your medication because of coverage restrictions, first work with your doctor to see if an unrestricted covered medication will work for you. If not, you can make a formal request to your plan to cover the medication for you (request an "exception"). You will need to make a formal request to override coverage restrictions. This way you will be able to get your prescription filled for the rest of the year without making any other requests.


2. Off-label use

If your doctor prescribes a medication on the formulary for a reason **other than the use approved by the U.S. Food and Drug Administration** your drug will probably not be covered unless the use is listed in one of three Medicare-approved drug compendia (medical encyclopedias of drug uses). You can ask for an exception, but these requests are rarely granted.

As of January 1, 2009, Medicare began accepting indications of drug use for anticancer chemotherapeutic regimens from additional compendia and other peer-review medical literature.

Marci's Medicare Answers....



 Dear Marci,
My mother has a spinal cord injury and needs a hospital bed at home so she can safely get in and out of bed. Will her Original Medicare coverage pay for this?

—Donna (Jefferson City, Mis-

souri)

Dear Donna,

Original Medicare covers durable medical equipment (DME), such as hospital beds if you need it for a medical purpose for use in the home. Your doctor must fill out an order or prescription that explains why the item is medically necessary.

Once you have the doctor's order or prescription, you can take it to any Medicare-enrolled supplier (if you get care from a home health agency, the agency will provide you with the equipment), and Medicare will pay 80 percent of its approved amount, once you've met your *Part B deductible*. You or *your supplemental insurance* will have to pay the balance.

—Marci

Dear Marci,



I'm planning to get a Hepatitis B shot. Will Medicare cover it?

—Gary

Dear Gary,

Your Medicare health coverage (Part B) will cover vaccines to prevent Hepatitis B only if you are at medium to high risk for hepatitis B (you have kidney failure, hemophilia or travel to countries with high rates of the disease). In 2010, if you are at medium to high risk, Medicare will cover 80 percent of the cost of your hepatitis B vaccine after you pay your annual Part B deductible.

Dear Marci,



I am getting care at a skilled nursing facility after having a hip replacement. The facility agreed to provide care, but they said that Original Medicare will most likely not pay for it. What are my options?

—Maybel (Torrance, California)

Dear Maybel,

A skilled nursing facility is a Medicare-approved facility that provides care services after someone has left the hospital. This is done at a lower level of care than provided in the hospital.

If the skilled nursing facility (SNF) is willing to provide you with care, but says Original Medicare will probably not cover the care, you have two options:

1. You can choose not to receive care at that SNF and look for another Medicare-certified SNF
OR
2. Accept care and ask the SNF to try to bill Medicare and/or your other insurance if you have supplemental coverage. This is called "*demand billing*".

If you choose to demand bill, you must sign either a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) or a form attached to a denial notice. By signing either form, you are agreeing to pay for the full cost of your care if Medicare will not pay.

When you demand bill, Medicare makes an official decision about whether services are covered. Medicare may pay for services even if the SNF did not believe services would be covered. Also, if Medicare denies payment, you can appeal this decision. If you have other forms of insurance, demand billing also increases the chances that your care will be covered. This is because the insurance might pay for those costs that Medicare did not cover.

A SNF will also ask you to sign a SNF ABN or another form attached to a denial notice if you have been receiving care, but the SNF now plans to reduce that care because it does not think that Medicare will keep paying. It could also ask you to sign these forms if the facility thinks Medicare will no longer pay for services, but the SNF is still willing to give you care. If the SNF believes that Medicare coverage will end, it must provide you notice that you have a right to file an expedited appeal. An

expedited appeal is when the appeal process is done faster than usual.

—Marci



Dear Marci,

I have had a toothache for several days, and I think I may have a cavity. Will I be covered by Medicare if I go to the dentist for a check up?

—Jeanette (Kansas City, Missouri)

Dear Jeanette,

Unfortunately, Original Medicare will not cover dental check ups and other dental care that is primarily for the health of your teeth.

Some Medicare private health plans cover routine dental services. If you have a Medicare private health plan, you should check with your plan to see what, if any dental services may be covered.

Medicare will cover some dental services if they are required to protect your general health, or you need dental care for another health service that Medicare covers to be successful. For example, Medicare will pay for dental services if you have a disease that involves the jaw, like oral cancer, and need dental services that are necessary for radiation treatment.

Medicare will also pay for some dental-related hospitalizations, for example, if you develop an infection after having a dental procedure. Even if you are in the hospital Medicare will never pay for dental services that are excluded from Medicare, such as dentures.

—Marci

Dear Marci,



I recently had a colonoscopy, but Medicare did not pay the full cost. I have heard that the new health reform law will allow me to have my colonoscopy for free. How will Medicare cover colonoscopies and other preventive services?

—Karen (Green Bay, Wisconsin)

Dear Karen,

Currently, Original Medicare pays 80 percent of the Medicare-approved amount for colonoscopies and many other preventive services. You are responsible for the remaining 20 percent. However, the good news is that even though you currently have to pay this 20 percent coinsurance for colonoscopies, you can receive this service before you have paid your Part B deductible.

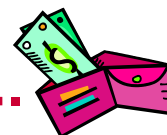
Under Part B, there currently are some preventive care services that do not require a coinsurance or deductible, such as certain blood tests to detect heart disease. In 2011, as a result of the new health reform law, Medicare will cover more preventive care services without a coinsurance or deductible.

Medicare currently covers a one-time “welcome to Medicare” physical examination during the first 12 months after you enroll in Medicare Part B. Starting in 2011, Medicare will also cover an “annual wellness visit.” During that appointment, you and your doctor will develop a prevention plan that is based on your needs.

—Marci

Source: **Marci’s Medicare Answers** is a service of the Medicare Rights Center (www.medicarerights.org), the nation’s largest independent source of information and assistance for people with Medicare; Vol. 1, Issue 19, July 2010; August 2010; Vol. 9, Issue 28, July 2010; Vol. 9,

Issue 15, April 2010; Vol. 9, Issue 25, June 2010. To speak with a counselor, call (800) 333-4114. To subscribe to “Dear Marci,” MRC’s free educational e-newsletter, simply e-mail dear-marci@medicarerights.org.



Identity Crisis....

What to Do if You Lose Your Wallet

Protecting your identity and your money takes diligence, planning.

You just saw it on the counter. It was right there a second ago, you swear. Now, your wallet or purse is missing and the hunt is on. You search everywhere. You even search the same place several times because it just HAS to be there. But, alas, it is gone and you don’t know where. What should you do now?

If you can’t find your wallet or purse, it is safest to act as if it were stolen. If you can’t find the wallet within a few hours, someone else might, and while most people will be honest, you can’t count on its being returned to you with all its contents intact. When it comes to your identity, credit cards and bank accounts, you’re better off safe than sorry.

First, do you know what is in your wallet? In addition to cash, the typical person carries his driver license, health insurance card or cards, auto insurance card and one or more credit or debit cards. Knowing exactly what is in your wallet or purse before it is lost or stolen is key to protecting yourself from potential theft. Don’t carry any personally identifiable information, checks or credit/debit cards with you that you don’t use regularly, this especially includes your Social Security and Medicare cards. Keep a mental inventory of the contents of your wallet or purse or, better yet, write down its contents and keep the list in a safe place in your home. When it comes to credit and debit cards, record your account number from the front of the card, as well as the customer service telephone number on the back on the card. An easy

way to do this is to photocopy the fronts and backs of all your cards.

If any of your cards go missing. Call the appropriate lenders and report them as stolen. Doing so as soon as possible will help minimize any cost to you should someone use your cards without your permission. For debit cards, ask the lender if you should close any accounts or move your funds. For credit cards, have the cards canceled as soon as possible. Don't assume that if the card isn't used immediately, it won't be used at all. Your credit card companies will send you a new credit card with a new credit number. They may also ask you about recent transactions to determine if they are yours. If your checkbook is missing, ask the bank to contact the major check verification companies and have them notify stores not to accept further checks from your account.

Next, file a police report. Doing so may not get the contents of your purse or wallet back, but it may help with insurance claims, liability issues and more. Your bank and credit reporting agencies will need a copy of this report and its case number. Then, notify the fraud or security department of the three major credit reporting agencies:

- Equifax– 1-800-525-6285
- TransUnion-1-800-680-7289
- Experian-1-888-397-3742

Ask them to add a 'security alert' to your file. A few weeks later, get a free copy of your credit reports to determine if fraudulent transactions have been made in your name. If you notice charges to your account that were made between the time you lost your wallet and the time that you suspended your credit cards, call your institution and inform them, then file another police report. ***This insures that you are not liable for those charges.***

If your driver license is gone, you'll have to go to your local deputy registrar's office and request a replacement. You'll need to take along a passport, birth certificate, Social Security card or marriage

license for verification. Check with the Ohio Bureau of Motor Vehicles for all the requirements necessary for replacement.

Call your insurance companies to report any missing or stolen benefit cards. Similarly, if you had membership cards or customer loyalty cards in your purse or wallet, contact the appropriate companies to see what you should do so that nobody else accesses your membership or rewards without your permission.

If anything in your wallet contained your Social Security number, call the Federal Trade Commission at 1-877-438-4338 and the Social Security Administration at 1-800-772-1213. Of course, you may later find your purse or wallet. If that happens, destroy any cards that you have had replaced and move forward with the new ones.

Source: *Boomerang, It all comes back to you!*, Ohio Department of Aging, July 2010.

Hanging up the Keys...



Having "The Talk", Hanging up the Keys Know When the Time is Right, Then Discuss Options

Remember how excited you were to get your driver's license? Being able to drive was the height of freedom and independence. You could go where you wanted, whenever you wanted, and didn't depend on others to satisfy your basic needs. Losing the privilege to drive was something you quickly grew to fear. You learned to drive safely and follow traffic laws to avoid having the right to get behind the wheel taken away. As you get older, you never really lose this sense of insecurity that this incredible freedom could be taken away.

Yet, each year, thousands of families face the task of asking an aging loved one to hang up the keys for his safety and that of others. Changes that come naturally with age, such as reduced audio and visual acuity, slower reaction time and de-

creased flexibility and range of motion in the neck or extremities, may affect a person's ability to safely operate an automobile. Most older drivers are aware of these changes and will gradually limit or stop their own driving when they feel it isn't safe. Others, however, may need some persuasion.

Talking to a family member or friend about limiting their driving or giving up their car keys requires careful thought and planning. It's likely that no one, regardless of age, wants to be told he is a dangerous driver. It gets more difficult when it is you who is telling your parent or grandparent that they probably shouldn't be on the road. Thus, we put off broaching the subject because we fear how our loved one will react.

So, when is the right time to have "the talk"? According to AARP, it may be time to limit a loved one's driving when he/she:



- Has frequent "close calls" (e.g., nearly hitting other motorists, pedestrians or stationary objects);
- Exhibits difficulty seeing or following traffic signals, road signs and pavement markings;
- Responds more slowly to unexpected situations; Misjudges traffic at intersections and on highway entrance and exit ramps;
- Experiences "road rage" or reports frustration with other drivers;
- Becomes easily distracted or has difficulty concentrating while driving;
- Starts getting dents and scrapes on the car and on fences, mailboxes, garage doors or curbs;
- Gets lost; or
- Receives multiple traffic tickets or warnings from law enforcement officers.

Start your discussion out of a sincere sense of caring for the person's well-being, and base your con-

versation on things you have observed. Focus on what he/she can do well and avoid criticism. Talk about ideas you have for keeping your loved one on the road, rather than immediately suggesting that they give up driving, such as agreeing to simple trips around a small town during the day, or no driving on highways during rush hour. He/She may more easily agree to avoid driving in some situations than accept stopping completely.

Send a clear message that you want to help him/her keep driving as long as she safely can. Let him/her know you support his/her decision and will be there for him/her no matter what he/she chooses. If he/she is willing, suggest a classroom refresher course, such as the AARP Driver Safety Program or have his/her driving ability evaluated by a driving instructor, his/her local bureau of motor vehicles office or highway patrol post.

If he/she refuses to make changes, ask a doctor, a member of the clergy or a trusted family friend to help. If you feel his/her continued driving poses an immediate risk to him/her or others around him/her, contact the local bureau of motor vehicles and report unsafe driving. Most states will contact an older adult who has been reported for dangerous driving and ask her to take a driving test.

Identify other people in your loved one's life that need to be involved in the discussion. Many times, sibling or a spouse may put up more of a fight for your loved one's right to drive than he/she does. To have a successful conversation, the entire family needs to be on the same page. Share your observations, be honest and expect resistance.

Most importantly, know how much of your own time and resources you are willing to devote to keeping your loved one safe. Are you willing and able to help fill in the gaps of independence that he/she may feel when he/she decides to stop driving or to drive less? Will others do so, too? Ask what you can do to make the transition easier.

Source: *Boomerang, It all comes back to you!*, Ohio Department of Aging, June 2010.



Nursing Home Admissions...Be a Smart Consumer

Moving into a nursing home can be an emotional process. Typically, the incoming resident and her family know little about nursing home life and assume that the nursing home's procedures are just the way that it has to be. They sign admission agreement documents without much thought.

However, some nursing home procedures and admission agreements are harmful to residents. The federal Nursing Home Reform Law focuses on a resident's individual needs, allowing the resident to live as independently and safely as possible. In general, a nursing home must provide necessary care in as home-like an environment as possible.

Nursing home admission agreements should reflect these rights and honor the law's resident-centered philosophy. However, studies have shown that admission agreements often contain provisions that conflict with the law or are not fair to residents or their families. In many cases, nursing home staff are unaware of the law and continue to use out-dated forms and policies. If consumers do not know what to expect or are afraid to complain, they can sign away certain rights that are not in their own best interests.

There are six common problems found in nursing facility admission agreements, according to *Nursing Home Agreements: Think Twice Before Signing*, from the Nation Senior Citizens Law Center:

1. The agreement limits the care that the resident can receive and, if the resident's needs increase, forces the resident to hire a separate "private duty" caregiver.

The federal Nursing Home Reform Law requires a nursing home to provide the care necessary for a resident to reach "the highest practicable level of functioning," which applies whether the resident's care needs are light or heavy. The nursing home staff should work to design an individualized care plan for any conditions the individual has or is at

risk of having. Conditions such as pressure sores, dehydration, weight loss and even falls can be prevented with appropriate care. There should be no need for a resident to separately hire a private-duty caregiver.

2. The agreement claims that visits are allowed only during certain hours.

A nursing home resident has the right to be visited by a family member at any time of day. Frequent visits from family help to create a more home-like environment. If visits are at night, and the resident shares a room, the visit can take place in a lounge or other common area.

3. The agreement claims that the nursing home will not be responsible for a resident's injuries or for stolen or lost personal items.

Some agreements attempt to limit the amount or kinds of damages that the nursing home is required to pay if the resident is injured or is the victim of a crime. It is never in a resident's interest to waive or reduce a nursing home's responsibility. This is particularly true at the time of admission, when neither the resident nor the family know what might happen in the future.

4. The agreement claims that the resident gives up his right to a jury trial and agrees to have all disputes settled by arbitration.

A resident should not waive her right to a jury trial. A jury generally is better than an arbitrator in understanding a resident's point of view. Some arbitration agreements contain provisions that limit the damages that a nursing home might have to pay, or that reduce the resident's ability to investigate the nursing home's actions.

5. The agreement claims that the resident can be evicted for being difficult or uncooperative.

Nursing home residents often cannot help being difficult or uncooperative if they have dementia or other conditions that alter their mental states. Eviction is only allowed for one of six specified reasons, and none of those reasons allow eviction because a resident is difficult or uncooperative.

6. The agreement claims that the “responsible party” agrees to be fully accountable for all nursing home expenses.

The law prohibits a nursing home from requiring a family member or friend to become financially liable, however, some admission agreements have a family member or friend sign as a “responsible party”. When a resident cannot handle his own financial matters, a nursing home can require a resident’s family member or friend to sign as the resident’s agent. The agent is responsible for paying the resident’s money to the nursing home as appropriate, never his or her own money.

If a resident or family member sees an objectionable provision in an admission agreement, they should speak up, especially if the resident already has moved into her room in the nursing home. If the resident has not yet moved into the nursing home, the resident or family member should sign an admission agreement only after deleting or modifying the offending provisions. There is the risk that the nursing home will refuse admission, but avoiding that risk is not worth signing an illegal or unfair admission agreement.

The resident or family member can contact the Office of the State Long-term Care Ombudsman at 1-800-282-1206 for assistance and information.

Source: *Aging Connection*, Ohio Department of Aging, April 2010.

The Great Depression....

“My family lived in Port Clinton. My little brother and I had a dew-worm business, selling to Lake Erie fishermen. Ten cents a dozen, three dozen for 25 cents. This was our spending money and many

a time, it helped out with the grocery bills.”

—*Thelma Thomas, age 87, Port Clinton*

“My older brother worked as a handyman mechanic at a department store. The boss told him he would have more in his pay envelope the coming week. My brother thought ‘Oh boy, maybe \$15.00 a week. The ‘more’ in his pay was 50 cents a week raise.”

—*William Turner, age 89, Cleveland*

Source: Stories collected for the Ohio Department of Aging, *Great Depression Stories Project 2009*.

Council on Aging Board of Trustees Meeting

Date: Wednesday, August 18, 2010

Time: 10:00 a.m.

Location: 200 S. Spring St., Bucyrus, OH

Please contact Executive Director, Peg Wells, to confirm the meeting.

Meeting times & location are subject to change.

2010 Council on Aging Board of Trustees Officers

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