



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

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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.

July 2010

Special Edition...Outreach Information

The purpose of this *Special Edition* newsletter 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.

In 1965, Congress enacted the *Older Americans Act*, which established the Administration on Aging (AoA) and state agency on aging to address the social services needs of older people. Its mission is broad: to help older people maintain maximum independence in their homes and communities and to promote a continuum of care for the vulnerable elderly.

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 ser-

vices 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 ground breaking 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.

Council on Aging services....

Home Delivered Meals

Who is eligible? Applicant must be at least sixty years of age; must be unable to prepare his/her own meals; must be unable to participate in a congregate nutrition program because of physical or emotional difficulties; and must be lacking other meal support services in the home or the community.

Delivery of meals: A hot nutritious meal is delivered 5 days/ week within the city limits of Bucyrus, Crestline, and Galion. Frozen, microwaveable meals are available for individuals who live more than 1/2 mile outside of the city limits. 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 socialization 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:

Bucyrus site: Senior Center, 200 S. Spring Street.

Galion site: Galion Golden Age Club, 301 South Market Street.

In-Home Care:

Homemaking and personal care services are provided to Senior Citizens in their own homes.

Homemaker: Homemakers are trained to do light housekeeping, laundry, change bed linens, prepare light meals and limited errands.

Personal Care: Aides are trained to help with bathing, grooming, and dressing, and other activities necessary to maintain good personal hygiene.

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:

⇒ Tuesday: Marion

⇒ Wednesday: Mansfield

⇒ Thursday: Columbus

Where will the van take me? Anywhere in Crawford County including 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.

\$ Passengers 60 years of age and older are not required to pay a fare, but are encouraged to make a donation.

\$ Each time a passenger boards within the same city-\$1.00 each way

\$ Each time a passenger boards city to city

within the county-\$1.50 each way

\$ Disabled passengers anywhere in the county-50 cents (proof of disability required) each way.

How are trips scheduled? Requests for trips can be made no sooner than thirty days in advance, but should be made at least 24 hours in advance. Same day requests will be scheduled if time and space are available. Your request will be coordinated with others to serve as many persons as possible. Reservations are made on a first come, first served basis.

To request a trip, contact the Council on Aging. 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

What is Information & Referral?

Information & Referral is the vital link between older persons who need services and those who can provide them.

The growth of the older adult population has in-

creased the demand for information by both older persons and their caregivers. The primary purpose of the Information & Referral system is to support all older adults and their caregivers in:

- Assessing their needs;
- Identifying the most appropriate services to meet their needs, and;
- Linking the older persons and caregivers to agencies providing these services.

Information & Referral is provided to Older Adults and their caregivers regarding services/programs relating to the following:

- Medicare, Medicaid, Medicare Supplement Insurance, Medicare Advantage Plans & Medicare-approved Prescription Drug Plans. *The Council on Aging is a counseling site for the Ohio Senior Health Insurance Information program (OSHIIP).*
- Patient Assistance Programs
- Funding Programs for Home Repair
- Volunteer Income Tax Assistance
- Homestead Exemption
- Golden Buckeye Card
- Legal Assistance
- DPOA & Living Will for Healthcare
- Assistance with filling out applications for various programs, i.e. HEAP, Telephone (Lifeline), QMB, SLMB, etc.
- Updated Medicare changes and/or information printed in monthly newsletters.

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@rrohio.com.

All services are provided on a donation bases and without discrimination on the basis of race, color,

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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.

What is Elder Abuse? In general, elder abuse refers to intentional or neglectful acts by a caregiver or “trusted” individual that lead to, or may lead to, harm of a vulnerable elder.

Physical abuse– Use of force to threaten or physically injure a vulnerable elder.

Emotional abuse– Verbal attacks, threats, rejection, isolation, or belittling acts that cause or could cause mental anguish, pain, or distress to a senior.

Sexual abuse– Sexual contact that is forced, tricked, threatened, or otherwise coerced upon a vulnerable elder, including anyone who is unable to grant consent.

Exploitation– Theft, fraud, misuse or neglect of authority, and use of undue influence as a lever to gain control over an older person’s money or property.

Neglect– A caregiver’s failure or refusal to provide for a vulnerable elder’s safety, physical, or emotional needs.

Abandonment– Desertion of a frail or vulnerable elder by anyone with a duty of care.

Self-neglect– An inability to understand the consequences of one’s own actions or inaction, which lead to, or may lead to, harm or endangerment.

Who is at Risk? Elder abuse can occur anywhere in the home, in nursing homes, or other institutions. It affects seniors across all socio-economic groups, cultures, and races. Based on available information, women and “older” elders are more

likely to be victimized. Dementia is a significant risk factor. Mental health and substance abuse issues, of both abusers and victims, are risk factors. Isolation can also contribute to risk.

What Should I Do if I Suspect Elder Abuse? ***Report your concerns!***

Remember: Most cases of elder abuse go undetected. Don’t assume that someone has already reported a suspicious situation.

To report suspected abuse in the community, contact your local adult protective services agency (419-468-3255, ext. 248).

You do not need to prove that abuse is occurring; it is up to the professionals to investigate the suspicions.

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.

Living Will—is a document that allows you to establish, in advance, the type of medical care you would want to receive if you were to become permanently unconscious, or if you were to become terminally ill and unable to tell your physician or family what kind of life-sustaining treatments you want to receive. In addition, the latest edition of the Living Will allows you to specify your wishes regarding anatomical gifts (organ and tissue donation).

- A **Living Will** is used only in situations where you are unable to tell your physician what kind of health care services you want to receive. Before your **Living Will** goes into effect, you either must be:

(1) Terminally ill and unable to tell your physician

your wishes regarding health-care services; **OR**

- (2) Permanently unconscious; to be considered permanently unconscious, two physicians (one of who must be a medical specialist in an appropriate field) must decide that you have no reasonable possibility of regaining consciousness.

Health Care Power of Attorney—(also called “Advance Directive”) is a document that allows you to name a person to act on your behalf to make health care decisions for you if you become unable to make them for yourself. This person becomes an attorney-in-fact for you.

- A **Health Care Power of Attorney** is different from a financial power of attorney that you use to give someone authority over your financial matters.
- The person you appoint as your **attorney-in-fact**, by completing the **Health Care Power of Attorney** form, has the power to authorize and refuse medical treatment for you. **This authority is recognized in all medical situations when you are unable to express your own wishes.** Unlike a Living Will, it is not limited to situations in which you are terminally ill or permanently unconscious. For example, your physician or the hospital may consult with your attorney-in-fact should you be injured in a car accident and become temporarily unconscious.

DNR Comfort Care (“DNR”)—This stands for “do not resuscitate.” A person who does not wish to have cardiopulmonary resuscitation (CPR) performed may make this wish known through a physician’s order called a DNR Order. A DNR Order addresses the various methods used to revive people whose hearts have stopped functioning or who have stopped breathing. Examples of these treatments include chest compressions, electric heart shock, artificial breathing tubes, and special drugs.

All documents, are available at the Council on Aging.

Dental Assistance:

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. OPTIONS started in 1997 as a partnership between the Ohio Department of Health (ODH) and the Ohio Dental Association (ODA). ODH administers the program through grants to four local agencies to support regional referral coordinators. ODA promotes OPTIONS to its member dentists. OPTIONS is not an emergency treatment program.

Who is eligible for care through OPTIONS?

People with a low household income, few resource and no dental insurance or Medicaid are eligible. Patients with very low incomes and special health care needs may qualify for great discounts.

How does OPTIONS work? A potential 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 dentists 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.

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. All Ohioans age 60 or better, as well as adults age 18-59 who have disabilities as defined by Social Security, are eligible for a free Golden Buckeye Card.

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:

HEAP: The Home Energy Assistance Program (HEAP) is a federally funded program administered by the Ohio Department of Development, Office of Community Service (OCS). It is designed to

help eligible low-income Ohioans meet the high costs of home heating. If you are eligible for assistance, the amount of your one-time HEAP benefit will depend on federal funding levels, how many people live with you, total household income and the primary fuel you use to heat your home. In most cases, the one-time benefit will be a credit applied to your energy bill by your utility company (or fuel vendor).

How Do I Apply?

1. Fill out the application-available by calling the Council on Aging **OR** online at the Ohio Department of Development website: www.odod.state.oh.us.
2. Send in proof of income-payroll stub; copy of direct deposit of public benefits; copy of benefit letters; copy of tax forms.
3. Copy of your bill from your primary fuel supplier
4. Copy of your electric bill, even if electricity is not your primary heating fuel.

You ***DO NOT*** need a utility shut off notice to apply for Energy Assistance Programs.

How do I sign up?

Applications for the Home Energy Assistance Program are generally accepted from August 1, 2010 through May 31, 2011. Contact Ohio Heartland Community Action, 351 South St., Galion for an appointment at 1-800-854-4020.

Percentage of Income Payment Plan (PIPP):

PIPP is an extended payment arrangement that requires regulated gas and electric companies to accept payments based on a percentage of the household income. To be eligible for the PIPP program, a customer must receive his or her primary or secondary heat source from a company regulated by the Public Utilities Commission of Ohio (PUCO), must have a total household income which is at or below 150% of the federal poverty level, and must apply for all energy assistance pro-

grams for which he or she is eligible.

Home Weatherization Assistance Program:

Ohio's Home Weatherization Assistance program is a federally funded low-income residential energy efficiency program. The program reduces low-income households' energy use, thus creating more affordable housing for those in most need. 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. All measures are provided based on an on-site energy audit and on cost-effective guidelines developed using the NEAT computerized energy audit. Individualized client education is an important component of the program.

Columbia Gas of Ohio- Home Performance Solutions

Columbia Gas of Ohio is now offering a low-cost home energy audit for their natural gas customers. The comprehensive audit will include a visit from a home energy auditor who will analyze your home to identify ways you can improve your home's energy efficiency. The cost of the audit is \$50.00 (\$20 for income-eligible customers) and is reimbursed when you make any qualified energy efficiency improvements.

Energy efficiency improvement may include:

- Attic and wall insulation upgrades
- Sealing cracks, gaps and holes
- High-efficiency gas furnace or boiler
- Programmable thermostat
- High performance, energy-efficient shower-head.

Rebates: The more qualified energy efficiency improvement you make, the more you save with rebates of up to 60% off the cost of the work. Plus, enjoy lower monthly energy bills for years to come.

Bonus Rebates are available when more than one qualified energy efficiency improvement is installed. **Additional rebates** are available for income-eligible customers. Plus, **Federal Energy Tax Credits** may be available, too.

Here's how to start saving money:

1. **Schedule** your Home Energy Audit by calling toll-free **1-877-644-6674**.
2. Review your Home Energy Audit Report that provides your qualified energy efficiency improvements, estimated saving and eligible rebates.
3. Contact a pre-qualified contractor to install qualified energy efficiency measures and receive rebates. The energy auditor will provide you with a list of pre-qualified contractors who can do the work.

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.

To be eligible you must: Be the owner/occupant of your home; meet the current income guidelines, be current with your property taxes, & live in Crawford county.

Examples of eligible home repairs: 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 to 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.

General Purpose:

- 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.
- Grants may be made only for repairs that remove health or safety hazards.

Authorized Loan & Grant Purposes:

- 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.

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
- Applicant must meet income requirements.

Rate & 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:

Legal Aid Line of Western Ohio: Legal Aid Line is a toll-free telephone system that provides legal information, advice, and referral to eligible low-income residents of northwest Ohio. This service is provided at no charge. All callers are screened for income eligibility before receiving services.

How Does Legal Aid Line Work? Calls and web-based applications to Legal Aid Line are answered by specially trained staff who screen inquiries for eligibility and case subject matters. All information provided is entered directly into a computerized case management system and is kept confidential. If it is determined that the applicant's income exceeds the guidelines, or that the case is not one in which they can provide direct legal advice, a referral may be made to other sources of legal or social services assistance.

If the matter is an emergency, the caller is referred to a Legal Aid Line attorney immediately. In most other situations an attorney will respond to the

inquiry at a schedule time.

An attorney will assess the case and where appropriate, provide information or advice over the telephone. In some instances, an eligible caller will receive self-help material. Self-help materials include information, forms, and instructions on how to handle certain kinds of cases without assistance from an attorney.

Callers who talk with a Legal Aid Line attorney receive a follow-up letter that provides a written summary of the information and advice given. Callers who are not eligible for Legal Aid Line will receive a letter giving referral information.

Legal Aid Line assists in civil matters such as: bankruptcy; clearing a criminal record; consumer fraud and home repair scams; domestic violence, divorce, and child support; education issues involving student discrimination, access, and special services, employment problems; eviction, foreclosure, and other housing problems; health care access; predatory lending; Social Security/SSI; unemployment benefits; welfare, Medicaid, and food stamps.

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.

About Medicare:

Medicare is the federal health insurance program for people age 65 and over (and certain disabled individuals under age 65). If you are eligible for Social Security benefits (including disability benefits), you may apply for Medicare. There are three basic parts to Medicare: **hospital insurance, medical insurance, and prescription drug insurance.**

Medicare Part A is a hospital insurance that covers hospitalization, hospice care, and some skilled nursing and home health care. Part A also helps

pay for durable medical equipment, such as a hospital bed or wheelchair.

Medicare Part B is medical insurance and covers some of the costs of necessary medical services and equipment, including doctors' fees; physical, occupational, and speech therapies; durable medical equipment; x-rays and lab tests. Part A and B together are generally referred to as 'Original Medicare.'

Medicare Part C, also called Medicare Advantage, combines Part A and Part B options into an HMO plan administered by private insurance companies. In most cases, Part C is a lower-cost alternative to original Medicare, and providers usually offer extra benefits, including prescription drug coverage (Part D).

Medicare Part D is prescription drug insurance. A variety of plans are available to suit the consumer's needs, preferences and budgets. Consumers pay a monthly premium, then a low co-payment for each prescription filled (a deductible may apply).

Medicare prescription drug coverage (Part D) is available to everyone with Medicare. To get Medicare drug coverage, you must join a Medicare drug plan. Plans vary in cost and drugs covered.

Medicare Prescription Drug Coverage

Two types of plans offer Medicare prescription drug coverage:

1. **Medicare Prescription Drug Plans.** These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Saving Account (MSA) Plans.
2. **Medicare Advantage Plans** (like an HMO or PPO) or other Medicare health plans that offer Medicare prescription drug coverage. You get all

of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called “MA-PDs.”

Who can get Medicare Drug Coverage? To join a Medicare Prescription Drug Plan, you must have Medicare Part A and/or Part B. To get prescription drug coverage through a Medicare Advantage Plan, you must have **Part A and Part B**.

How to join a Medicare drug plan: Once you choose a Medicare drug plan, you may be able to join by completing a paper application, calling the plan, enrolling on the plan’s Web site, or through the MPDPF link. You can also enroll by calling 1-800-MEDICARE (1-800-633-4227). TTY user should call 1-877-486-2048.

Contact the specific plan you’re interested in to find out how to join. Medicare drug plans aren’t allowed to call you to enroll you in a plan. Call 1-800-MEDICARE to report a plan that calls you.

Closing the Prescription Drug Coverage Gap:

Most Medicare drug plans (Part D) have a temporary limit on what they will cover for prescription drugs, or a “coverage gap.” The good news is that all Medicare drug plans provide coverage if you have an unexpected illness or injury that results in extremely high drug costs. This is called “catastrophic” coverage. It assures that once you have paid \$4,550 (in 2010) out-of-pocket for drug costs in a calendar year, almost all of your drug costs above that amount are covered. If your plan has a coverage gap, you may have to pay all of your drug costs before catastrophic coverage begins.

If you have limited income and resources, and qualify for **full extra help**, most of the information doesn’t apply to you. You will continue to pay the same copayment or coinsurance amount during a coverage gap if your plan has one.

If your drug plan has a coverage gap, here are some ways you can avoid or delay entering the gap, and continue to save money on drug costs while in the gap:

- **Consider switching to generic, over-the-counter (OTC), or other lower-cost drugs.** Ask your doctor about generic, OTC, or less-expensive brand-name drugs that would work just as well as the ones you’re taking now. Cost savings information through the use of mail-order pharmacies, generics, or less-expensive brand-name drugs is also available by visiting the “**Compare Medicare Prescription Drug Plans**” section of www.medicare.gov.
- **Keep using your Medicare drug plan card,** even while in the coverage gap. Using your drug plan card ensures that you’ll get the drug plan’s discounted rates and that the money you spend counts toward your out-of-pocket costs.
- **Look into Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs) that may be offered by the manufacturers of the drugs you take. Refer to Patient Assistance Programs on pg. 12.
- **Apply for Extra Help.** If you have Medicare and have limited income and resources, you may qualify for Extra Help paying for your prescription drugs. People who qualify for the most Extra Help pay nothing for their Medicare drug plan premium and deductible, and only \$2.50 generic/\$6.30 brand-name for their covered drugs. Other people pay only a portion of their Medicare drug plan premiums and deductibles based on their income level.

You may qualify if you have up to \$1,354 in monthly income (\$1,821 for a married couple) and up to \$12,510 in resources (\$25,010 for a married couple).

Note: Not all types of coverage will count toward your out-of-pocket costs.

Remember, after you have paid \$4,550 (in 2010)

out-of-pocket for drug costs in a calendar year, almost all of your drug costs above that amount are covered. If you want to switch to a plan that offers at least some type of coverage in the gap, you can do so between November 15—December 31 each year. Your coverage will begin on January 1 of the following year.

- **How to Apply for Extra Help:** If you qualify for Medicaid, belong to a Medicare Savings Program, or get Supplemental Security Income (SSI) benefits, you automatically get Extra Help with Medicare drug costs. Otherwise, you can apply online by visiting www.socialsecurity.gov or call 1-800-772-1213 to apply by phone or request a paper application. TTY users should call 1-800-325-0778.

One-Time \$250 Rebate Check: If you have Medicare prescription drug coverage, and aren't already getting Medicare Extra Help, Medicare will automatically send you a tax free, one-time \$250 rebate check after you reach the coverage gap (also called the "donut hole") in 2010. This rebate is the first step toward closing the Medicare prescription drug coverage. The mailings for these checks will begin starting in mid-June. Checks will be mailed monthly throughout the year as beneficiaries enter the coverage gap.

Medicare Savings Programs:

Qualified Medicare Beneficiary (QMB): The QMB program acts like a free Medicare supplement policy. You must be eligible for Part A to qualify, even if you're not enrolled in Part A.

QMB pays:

- All deductibles and coinsurance that Medicare does not pay
- Medicare Part B premium (96.40/month if enrolled **before** 11/1/09); \$110.50 if enrolled **on or after** 11/1/2009)

QMB Eligibility: Monthly income \$923.00 (single) & 1,235.00 (married); countable assets of not more than \$6,600 (\$9,910 for a couple).

Specified Low-Income Medicare Beneficiary (SLMB):

The SLMB program has higher limits than QMB. You must be eligible for Part A to qualify, even if you're not enrolled. If you have income from working, you may qualify for SLMB benefits even if your income is higher than the limits listed below. Once you qualify, SLMB pays:

- Medicare Part B premium (96.40/month if enrolled **before** 11/1/09); \$110.50 if enrolled **on or after** 11/1/2009)
- Retroactive Part B premium amounts for each of the past three months

SLMB Eligibility: Monthly income \$1,103.00 (single) & 1,477.00 (married); countable assets of not more than \$6,600 (\$9,910 for a couple).

Qualified Individual (QI): Unlike the other programs described above, QI benefits are limited to those who apply first, with a priority given to people who received QI benefits the previous year. You must be eligible for Part A to qualify, and you must apply every year for QI benefits.

- QI pays the Medicare Part B premium (96.40/month if enrolled **before** 11/1/09); \$110.50 if enrolled **on or after** 11/1/2009).

QI Eligibility: Monthly income \$1,239.00 (single) & 1,660 (married); countable assets of not more than \$6,600 (\$9,910 for a couple).

Qualified Disabled and Working Individuals (QDWI) Program: The QDWI program helps pay the Part A premium. You may qualify if you:

- Are a working disabled person under age 65

- Lost your premium-free Medicare Part A when you went back to work
- Aren't getting medical assistance
- Meet the income and resource limits required

QDWI eligibility: Monthly income \$1,826.00 (single) & 2,448.00 (married).

Medicaid pays for covered medical bills, dental bills, eyeglasses and homemaker services. Medicare might pay all of your eligible bills or just some portion of them, it depends on your income. If you qualify for Medicaid, you automatically qualify to get Extra Help paying for Medicare prescription drug coverage.

Medicaid Eligibility: Monthly income \$609.00 (single) & 1031.00 (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.

Food Assistance Program: You may qualify for help with groceries through the Ohio Food Assistance program. Contact the Department of Job & Family Services at 419-562-0015 for more information about eligibility.

Applying for benefits: The regular Medicaid application will help determine if you are eligible to receive benefits from any of these programs.

- Get the application from your county Department of Job & Family Services. Complete and return it in person or by mail.
- You may be interviewed to show that you are qualified to receive benefits. You can take some-

one to the interview with you.

- You can choose to appoint an **authorized representative** to go to the interview in your place. Your authorized representative can be a friend, relative, neighbor or an OSHIIP volunteer.
- You cannot be denied benefits because you are unable to go to the interview.
- If you apply only for benefits offered by QMB or SLMB you **may be able to use a shorter application form**. You also won't have to go to an interview.

Note: The shorter application form to apply for QMB or SLMB benefits is available by contacting the Council on Aging. We can also assist you in filling out the application for help with medical expenses.

The interview: A specialist will determine if you are eligible to receive benefits. You must bring documents to prove your identity, age, citizenship, residency, utility costs, income and assets.

Document checklist: The following documents are usually required: Social Security card, birth or baptismal certificate, utility bills, life insurance policy, secondary insurance card & bill, cost of current prescriptions, auto title, driver's license or credit card, rent or mortgage receipt, Social Security benefits letter, Medicare card, unpaid medical bills, bank statements, deed to cemetery lot or burial plot.

Patient Assistance Programs:

What are patient assistance programs? Patient assistance programs (PAPs) are programs set up by drug companies that offer **free or low cost drugs** to individuals who are unable to pay for their medication. These programs may also be called indigent drug programs, charitable drug programs or medication assistance programs. Most of the best known and most prescribed drugs can be found in these programs. All of the major drug

companies have patient assistance programs, although every company has different eligibility and application requirements.

Companies offer these programs voluntarily; the government does not require them to provide free medicine.

How do patient assistance programs work?

An individual gets an application from the drug company program (which you may receive from the Council on Aging or online at RxAssist.org) that has the medicine the patient needs.

Some company programs require that a physician or health care advocate (someone working in a physician's office or in a clinic) get the form by calling the program. Many times in these cases, the patient assistance program will screen for eligibility before sending out the form. The form that is sent will have a patient specific identification number on it.

After the form is filled out and submitted to the company, the drug company will decide whether the patient is eligible to receive the medication for free. If the patient is eligible, the medication may be sent to the patient's home, the physician's office or a local pharmacy depending on the program. Some, but not all, companies send letters letting patients and/or physicians know whether the patient has been approved for their patient assistance program.

What are the eligibility requirements for patient assistance programs? Eligibility varies program by program. Generally, individuals must have incomes under 200% of the Federal Poverty Level, cannot have prescription coverage from any public or private source and must be a U.S. resident or citizen. Some companies require that the patient has no health insurance. Some companies allow Medicare Part D patients who have reached the coverage gap to apply but must include a copy of their Medicare card.

What do I have to do to apply for a patient

assistance program? You must follow the directions on the application exactly, answer every question and include any documents the program asks for. Usually, programs will ask about prescription coverage, veteran's status, eligibility for public insurance programs and income and asset information.

Companies also may ask for: proof of income, such as federal income tax statements or pay stubs; Medicaid or insurance denial letters; a prescription from your doctor; patient consent forms that are included with the application.

Most applications will request information about the physician. Applications may require the signature of the physician, the patient or both.

What does my doctor need to do to help me apply for a patient assistance program?

This depends on the specific patient assistance program. Usually the physician only has to fill out a few brief questions on the application form and/or sign it. The physician may also be asked to:

- Call the program for an application
- Write out a prescription
- Include information about the patient's diagnosis on the application.

Do I need to pay anything to participate in a patient assistance program?

Most programs make their medications available for free. A few that require pharmacy pick-up have up to a \$25 co-pay.

How long does it take for my medicine to arrive?

It can take anywhere from 2 days to 6 weeks for medication to arrive after approval for participation in the program.

What do I do if I need a medication refill?

This depends on the program. Some companies require that the physician's office call to request a refill while others allow the patient to call directly. Every company has a different policy on how many refills it will allow.

I have coverage for prescriptions with my health insurance but I have reached my coverage limit. Am I eligible for patient assistance programs? Technically, if you have reached your coverage limit you no longer have prescription coverage, but we suggest attaching a letter with your application that indicates this. If you have a letter from your insurer stating that you have used your benefits, send that along as well.

I have Medicare Part D. Do I qualify for these programs? This will vary depending on the particular patient assistance program that carries your medication and that company's policy. In general, companies do not allow Part D enrollees who are eligible to receive the full low income subsidy (LIS or extra help) to apply for their programs. If you have Part D, it is a good idea to get a letter from Social Security indicating that you are not eligible for the low income subsidy.

Drug Discount Card:

Ohio's Best Rx is a prescription drug discount program designed to lower the cost of prescriptions for Ohio residents without drug insurance coverage who are either age 60 and over or any age with incomes less than 300% of the federal poverty level (\$2,708 per month for an individual, \$3,643 for a family of two).

How do I apply? Individuals and families who believe they are eligible have several ways to enroll: on-line (www.ohiobestrx.org), by telephone at 1-866-923-7879 or they can complete and mail a simple, one page application.

Is there an application or enrollment fee? No, there is no enrollment or application fee to join Ohio's Best Rx.

How much can I expect to save with Ohio's Best Rx? Ohio's Best Rx offers a discount on prescriptions, but as with all discount cards, the majority of the cost remains the responsibility of the

participant. The pharmacist will tell each participant both the Best Rx price and the pharmacy's usual cost; the participant will always pay the lower price.

Are there discounts on diabetic supplies? Yes, diabetic supplies such as test strips, syringes and glucose monitors are included in the Ohio's Best Rx formulary and receive a discount, however, a prescription from your doctor is required.

Social Security Representative:

Automated Telephone Services: 1-800-772-1213

- Get a Social Security card application
- Get proof of your benefit amount
- Replace your Medicare card
- Change your address or telephone number, if you receive benefits
- Make changes to your direct deposit
- Listen to informational messages
- Request your Social Security Statement

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

- Apply for retirement, spouse's or disability benefits
- Use the benefit planners and calculators
- Request a Medicare replacement card and apply

for 'Extra Help' with the prescription drug program

- Sign up or change your direct deposit
- Change your address or phone number, if you receive benefits
- Get help understanding your *Social Security Statement* or request one
- Sign up for e-mail updates

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.

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).

Taxes:

Homestead Exemption- Property Tax Relief:

Here's how the Homestead Exemption works. Eligible homeowners are able to shield \$25,000 worth of the market value of their home from local property taxes. For example, the owner of a \$100,000 home who is eligible for the Homestead Exemption would be billed as if the home were worth \$75,000

Broad eligibility: The new Homestead Exemption is open to any Ohio homeowner who currently lives in their primary residence, and who:

- Is at least 65 years old or will reach age 65 during the current tax year; or
- Is certified totally and permanently disabled as of Jan. 1 of the current tax year, regardless of age; or
- Is the surviving spouse of a qualified homeowner, and who was at least 59 years old on the date of their spouse's death.

Easy to apply: Eligible homeowners may apply for the Homestead Exemption with their county in any year after the first Monday in January and on or before the first Monday in June. *During 2010, county auditors accepted applications from Jan. 5 through June 7.*

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.

EyeCare America, the public service program of the Foundation of the American Academy of Ophthalmology, provides eye care through volunteer ophthalmologists (Eye M.D.) at no cost to those who qualify.

EyeCare American facilitates eye care for U.S. citizens or legal residents who are without an Eye M.D. and who do not belong to an HMO or do not have eye care coverage through the Veterans Administration.

- Those who are age 65 or older and who have not seen an EyeM.D. in three or more years may be eligible to receive a comprehensive, medical eye exam and up to one year of care at no out-of-pocket cost for any disease diagnosed during the initial exam. Volunteer ophthalmologists will waive co-payments, accepting Medicare and/or other insurance reimbursement as payment in full. Patients without insurance receive this care at no charge.
- Those who are determined to be at increased risk for glaucoma (by age, race and family history) and have not had an eye exam in 12 months or more may be eligible to receive a free glaucoma eye exam if they are uninsured. Those with insurance will be billed for the exam and are responsible for any co-payments. The initiation of treatment is provided, if deemed necessary by the doctor during the exam.
- Eyeglasses are not covered.

To contact EyeCare America, 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 living independently, as long as possible.

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

Passport Medicaid Waiver Homecare Program:

Most older Ohioans prefer to live independently in their own homes, in their communities, surrounded by family and friends, for as long as they can. But, many need some help doing so. Before Medicaid waiver programs, older adults who needed any degree of long-term care typically entered nursing homes. Ohio's PASSPORT Medicaid waiver program helps Medicaid-eligible older Ohioans get the long-term services and supports they need to stay in their homes.

PASSPORT is a two-pronged program. The first part is a pre-admission screening during which interested consumers are screened by telephone to determine preliminary Medicaid eligibility and care needs. They are also provided information about the variety of long-term care options available.

The second part of PASSPORT is home care. Once a consumer is determined eligible a case manager works with him or her to develop a package of in-home services to be provided by local service providers. The case manager then monitors the care for quality and changes the care plan as necessary.

Eligible PASSPORT participants are:

- Age 60 or older;
- Financially eligible for Medicaid institutional care (For 2010, this means typically earning no more than \$1,911 limit per month for one person and having no more than \$1,500 in countable assets, though individuals above this limit may be eligible based on the extent of their medical and in-home needs);
- Frail enough to require a nursing home level of care; and
- Able to remain safely at home with the consent of their physician.

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.

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-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. Care 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. Call 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 seniors 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. Call 419-524-4144 or 1-800-860-5799.

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.

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).

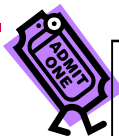
- **Homemaker:** Assistance with cleaning, laundry, shopping or meal preparation
- **Personal Care:** Assistance with homemaking tasks and personal care.
- **Alzheimer or Caregiver Respite:** Enables family caregivers to be temporarily relieved from their caregiving responsibilities. Caregivers may be of any age or income, do not have to be immediate family members, and are not required to live in the same household with the older person.

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.

- A Care Manager in the Care Coordination Program will then contact the consumer/caregiver by phone to schedule an in-home assessment when funding for the service is available.
- The Care Coordination service is then set up and monitored by the Care Manager.

Senior Citizens Day.... Crawford County Fair



Senior Citizen's Day will be on **Thursday, July 22, 2010**, 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 **10:00 a.m.**, arranged by 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 Thursday, July 1, 2010.

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 22nd.

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 schedule 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 Friday, July 16th by 5:00 p.m.

Council on Aging Board of Trustees Meeting

Date: Wednesday, July 21, 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

Jerry Shawber, President

Dale Wolfe, Vice President

Lois Kehres, Secretary

Ed Snyder, Treasurer

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