UNRAVELING THE BENEFITS MAZE

Also in This Issue:
- Ask the Expert
- Caregiving News & Notes
Welcome to Michigan Generations

AAAs—Gateways to Community Resources

Whether you are an older adult yourself, a caregiver or a friend concerned about the well-being of an older adult, Area Agencies on Aging (AAAs) are ready to help. AAAs in communities across the country serve as gateways to local resources, planning efforts, and services that help older adults remain independent.

AAAs were established under the Older Americans Act in 1973 to respond to the needs of Americans aged 60 and over in every community. The services available through AAA agencies fall into five general categories: information and consultation, services available in the community, services in the home, housing, and elder rights. A wide range of programs is available within each category.

Visit the AAA’s state website at www.mi-seniors.net

The services offered by Michigan’s 16 AAAs cover a broad spectrum of needs, such as information and referral, case management, in-home services, home-delivered meals, senior centers, transportation, and special outreach.

To read more about each of Michigan’s AAAs and the services available, turn to page 8 of this issue. MI

On the Cover:
The complexity of the Medicare system can be overwhelming to seniors who are trying to work through a maze of Medicare, Medicaid, Social Security and VA benefits and programs. This checklist of important benefits will help guide you through the maze. See story, page 4.

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Michigan is divided into 16 AAAs, each serving a different part of the state. They are:

1A Detroit Area Agency on Aging
1B Area Agency on Aging 1-B
1C The Senior Alliance
2 Region 2 Area Agency on Aging
3A Kalamazoo Co. Health & Community Services Dept. Region 3A
3B Region III B Area Agency on Aging
3C Branch-St. Joseph Area Agency on Aging IIIC
4 Region IV Area Agency on Aging
5 Valley Area Agency on Aging
6 Tri-County Office on Aging
7 Region VII Area Agency on Aging
8 Area Agency on Aging of Western Michigan
9 NEMCSA Region 9 Area Agency on Aging
10 Area Agency on Aging of Northwest Michigan
11 Upper Peninsula Area Agency on Aging
14 Senior Resources of West Michigan
12 Region IVA Area Agency on Aging
13 Region IVA Area Agency on Aging
15 Region IVC Area Agency on Aging
16 Region IVC Area Agency on Aging
In Case of Emergency

If you or an elderly loved one carries a cell phone, this tip is important to follow: When paramedics are called to the scene of an ill or injured person, they often have no idea whom to call. There are many numbers stored in the phone, but which one is the contact person in case of an emergency?

Hence, the ICE (In Case of Emergency) Campaign — a method of contact during emergency situations.

Simply make sure that the seniors in your family store the numbers of a contact person or persons who should be called in case of emergency under the name “ICE.” Emergency service personnel and hospital staff know to quickly check to see if you have stored an “ICE” number. For more than one contact name, simply enter ICE1, ICE2, ICE3, etc.

Following this procedure will give your loved one the peace of mind to know that ICE will communicate for them, if they are not able to.

Thumbs Up for Social Seniors

Want your loved one to live longer and stay healthier as they age? Get them out of the house and mingling with other people. The reason: Seniors who are socially active are more likely to retain mobility as they age. Sociable seniors even walk faster than those who don’t get out much.

According to the Tufts University Health & Nutrition Letter, seniors who are below average in their social activity actually function as if they were several years older. So a less-social 67-year-old might function like a 72-year-old, sharply increasing the factors leading to illness and disability. Doctors point out that, while exercise is critical to staying healthy and mobile, being socially active is a key ingredient as well. Activities such as attending church or sporting events, eating out at restaurants, volunteering, playing bingo and traveling were all found to help protect against the loss of motor abilities.

Surfing the Net

Each issue of Michigan Generations offers several websites devoted to caregiving information and resources:

www.needymeds.com offers a guide to patient assistance programs (PAPs), which are usually sponsored by pharmaceutical companies and provide free or discounted medicines to low-income, uninsured and under-insured people who meet the guidelines.

www.seniorjobs.com pulls together a database of websites that feature job listings for seniors or other career information.

Look for more helpful websites in the next issue of Michigan Generations.

Sleeping Less AT NIGHT?

Do you find that the seniors in your life complain about sleeping less at night? Instead of insomnia, they may simply have less capacity to sleep. A recent sleep-lab study compared sleep habits of people ages 65 to 72 with a group of people ages 18 to 32. It showed that older people often take longer to fall asleep and spend less time asleep. In the study, the older group slept an average of 90 fewer minutes.

Researchers point out that some seniors who are concerned by this change may start using sleep medications needlessly. If the senior in your life shows significant sleep changes, try to determine if he or she seems rested and active during the day. If they are tired during the day, then they should be evaluated for a sleep disorder that may be interfering with their ability to get a good night’s sleep. Otherwise, the shorter sleep may be part of normal aging.

STROKE WARNING SIGNS

Despite the common occurrence of strokes, many caregivers are still uncertain of the warning signs that might signal a possible “brain attack,” which cuts off vital blood flow and oxygen to the brain.

Save this list of warning signs, and review them with anyone who might be caring for the seniors in your family.

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion; trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden severe headache with no known cause.

What to do: Ask the person to raise both arms. Does one arm drift downward? Ask them to repeat a simple sentence. Does the speech sound slurred?

If you observe any of these signs, call 911 immediately or get them to the nearest stroke center or hospital.
Whenever State Senator Hansen Clarke visited his senior constituents in District 1, he was peppered with questions about Medicare benefits and eligibility, prescription drug coverage and assistance with rising health care costs. In an effort to increase his understanding of the benefits system so he could better answer their queries, Clarke turned to the Michigan Medicare/Medicaid Assistance Program (MMAP), a program that helps seniors understand the maze of options and get the benefits to which they are entitled.

Clarke took an abbreviated version of the training program that MMAP counselors must go through. It was eye-opening. “The sheer complexity of the system is overwhelming,” says Clarke. “It’s quite a task to try to understand all the various benefits that are available, how to go about getting them and how they interrelate. I’m a lawmaker and a lawyer, and I found it difficult to get my arms around it.”

That could explain why so many seniors who could use the various Medicare, Medicaid, Social Security and Veterans’ benefits don’t get them. Indeed, the Michigan Department of Community Health estimates that half of the people who could qualify for these benefits never even apply.

“Many seniors don’t even know these benefits are out there,” says Jo Murphy, executive director of MMAP. “Many don’t know whether they are eligible or not or how to apply. Some are scared away by misinformation.”

That’s a shame — a costly shame. Various Medicare programs could save eligible seniors over $1,000 a year in Medicare expenses. Another program could save an average of $4,000 a year in prescription drug costs.

By Martha Nolan McKenzie
“This kind of savings can make a real difference in seniors’ lives,” says Clarke. “It can help them meet their other living expenses, help them maintain their health and perhaps help them enjoy life more.”

Beginning in January, even more seniors will be eligible for these benefits, thanks to the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. Basically, the law, which takes effect January 1, 2010, raises the income and asset limits on many of the Medicare programs. That means even if you didn’t qualify for a program this year, you might qualify next year. “A lot more people are going to be eligible,” says Murphy. “I encourage everyone who thinks there is even a possibility that they may qualify to contact the MMAP program through their local Area Agency on Aging. Counselors there can help you determine what programs you qualify for and help you apply for the benefits.”

As Clarke noted, the system is complex. Benefits have different eligibility requirements and application processes. Different agencies administer different programs. Rules and regulations can vary by county. Here’s a somewhat simplified overview of help that may be available to you.

**HELP WITH MEDICARE PART A AND PART B COSTS**

For some low-income seniors, paying the premiums and deductibles for Medicare Part A (hospital insurance) and/or Part B (medical insurance) ranges from a financial hardship to nearly impossible. If this describes you, you may be able to get help through the Medicare Savings Program (MSP). How do you know if you qualify? If you are eligible for, or receive, Medicare Part A and have very limited monthly income and liquid assets, you likely qualify for help with your Medicare premiums. (If you are not sure, look on your red, white and blue Medicare insurance card or call Social Security at 1-800-772-1213.)

The Medicare Savings Program (MSP) offers different tiers of benefits depending on income levels. Asset limits, however, are the same for every tier — currently individuals can have assets valued no more than $4,000 and couples no more than $6,000, excluding their home and vehicles. Beginning January 1, though, the asset limits will rise to $7,790 for individuals and $12,440 for couples, allowing many more seniors access to these benefits. The various levels of MSP are:

**QUALIFIED MEDICAL BENEFICIARY (QMB)** pays for Medicare Part A and Part B premiums, deductibles and co-payments. Individuals may have a monthly income of no more than $923 and couples no more than $1,235.

**SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLMB)** pays for Part B premiums only. The monthly income limit for individuals is $1,103 and for couples is $1,477.

**QUALIFIED INDIVIDUAL PROGRAM (QI)**, also known as Additional Low Income Medicare Beneficiary (ALMB), pays for Part B premiums only. Individuals may have a monthly income of no more than $1,239 and couples no more than $1,660.

Unlike QMB and SLMB, QI is not an entitlement. It is a program that has to be renewed by Congress each year and it has a finite pool of funds. In other words, with QMB and SLMB, if you qualify, you get financial help; with QI, it’s first-come, first-served.

To check your eligibility or apply for any of these MSP tiers, contact MMAP at 1-800-803-7174 or www.mmapinc.org. “We have highly trained volunteers available all over the state,” says Murphy. “You can talk to them over the phone, make an appointment to go in for a face-to-face consultation, or ask them to mail you an application. The application process can seem overwhelming — you have to supply a host of verifying documents, such as bank statements less than 30 days old. But our counselors can give you a checklist and help you complete the application. We don’t actually qualify you, we just help you determine if you may be eligible and help you apply if you are.”

The actual qualification for MSP is done by the state Department of Human Services (DHS). You can find your local DHS office by looking in the telephone book under County Government or State Government or going to www.michigan.gov/dhs and clicking on County Offices.

But no matter which agency you use, if you think there is any possibility you might be eligible for these benefits, you should apply. “A lot of seniors don’t think they’ll qualify, so they don’t look into it,” says Murphy. “Many others perceive these programs as welfare, so they don’t apply. These programs are administered through Medicaid, that’s true. And many seniors don’t want anything to do with Medicaid because they think someone will come and take their house away and force them to spend down all their assets. That’s not the case at all, and we need to get that message out there.”

**HELP WITH PRESCRIPTION DRUG COSTS**

Drug costs are another huge worry for many seniors. Even with the advent of prescription drug coverage under Medicare Part D, some seniors struggle to pay the out-of-pocket costs. These seniors may qualify for help through the Medicare Part D Extra Help (“Extra Help”) — also called Low Income Subsidy (“LIS”) — program, which pays for part of the monthly premiums, annual deductibles and prescription co-payments under Medicare Part D.

“This benefit could save a person nearly $4,000 a year,” says Murphy. “It can be quite a significant help.”

To qualify for Extra Help, your annual income cannot top $16,245 for an individual or $21,855 for a married couple, and your assets must be limited to $12,510 for an individual or $16,245 for a married couple. And beginning January 1, 2010, more people will find themselves eligible. That’s because under the new law, life insurance policies will no longer be counted among your assets. Also, any help you receive from family or friends to pay your household expenses, such as food, rent and utilities, will no longer be counted as income.

“There are going to be a lot of people who were not able to qualify before who will qualify after January 1,” says Murphy. “They need to understand that, and come in and apply.”
Extra Help is run through the Social Security Administration, and you can apply directly through that agency by going online (www.socialsecurity.gov) or by calling 1-800-772-1213. Or you can contact an MMAP office, and a counselor will walk you through the eligibility requirements and help you apply.

HELP FOR VETERANS

Many veterans are aware of, and take advantage of, the myriad benefits offered for current and former servicemen and women — pension, compensation for military-related injuries, educational support through the GI Bill, and VA home loan guarantees, to name a few. However, there is one very valuable benefit of which veterans remain largely unaware.

VA Aid & Attendance Special Pension is a benefit paid in addition to monthly pension to eligible veterans and surviving spouses who require help with activities of daily living, such as eating, bathing and dressing. To be eligible, the veteran must have 90 days of active duty, at least one day during a period of war, and must qualify both medically and financially. “Periods of war include World War II, the Korean War, the Vietnam War and any time since the start of the Gulf War in August 1990,” says Gary Putinsky, assistant director for the Veterans of Foreign Wars service office in Detroit. “The period between the end of the Vietnam War and the start of the Gulf War is considered peacetime.”

As far as medical and financial requirements, the veteran or surviving spouse must need the assistance of another person to perform daily tasks. The veteran must also have less than $80,000 in assets, excluding their home and vehicles.

The A&A Pension can provide up to $1,632 per month to a veteran, $1,055 per month to a surviving spouse, or $1,949 per month to a couple. “However, if the veteran has Social Security income and retirement funds coming in, that amount will be subtracted from the $1,632, and the difference is what the VA will pay,” says Putinsky. “So basically the VA is saying, ‘If you are a wartime veteran, we are going to guarantee you have $1,632 a month, but we don’t care where it comes from.’”

Any veteran who has A&A can also mail prescriptions written by other doctors to the VA, and the VA will fill them for an $8 co-pay. The VA will also provide aids such as glasses, hearing aids, wheelchairs and prosthetics, free of charge to A&A veterans.

To apply, a veteran needs to fill out VA Form 21-526, provide certified proof of service and provide either a valid medical statement stating health conditions and limitations or a statement from a nursing home. “If everything is filled out correctly and completely, the claim can be turned around in a month,” says Putinsky. “But if there are any gaps that have to be filled in after the fact, it can be a good six months before the claim is processed.”

To make sure you get the application right the first time, it’s a good idea to get help. “Every state has offices that assist veterans,” says Putinsky. “Call the VA at 1-800-827-1000, and they can look up state agencies in your area that can help.”

HELP TO REMAIN IN YOUR HOME

Two programs are designed to help seniors stay in their homes rather than enter nursing homes. MI Choice Home and Community Based Waiver provides the same kinds of services available in a nursing home to people who want to stay in their own homes.

“The services offered run the gamut,” says Mary Ablan, executive director of the AAA Association in Lansing. “They include personal care, homemaking, respite for caregivers, home-delivered meals, transportation, private duty nursing, personal emergency response systems, chore service (like yardwork), counseling, medical equipment and supplies, training for caregivers and consumers, nursing home transition services, community living supports and home modifications.”

To qualify, you can have an income no greater than $2,022 a month for this year, slightly higher in 2010. Liquid assets can be no greater than $2,000 for a single person. A spouse’s income is not figured in when calculating eligibility, but joint assets are considered.

You also have to qualify medically. “Agencies use a screening survey to determine whether or not the consumer needs a nursing home level of care,” says Ablan. “We ask about their ability to do activities of daily living and about their ability to function in their home.”

Contact your local AAA for more information.

Home Help is another valuable Medicaid program aimed at keeping seniors in their homes. “Home Help has more restrictive income eligibility requirements, which vary by county,” says Ablan. “Just to give you a ballpark number, a person’s income has to be around $350 – $400 a month to qualify. But there is a caveat — a person could have a higher income but subtract their health care expenses from that income and qualify that way. So if your monthly income is
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$700, but you have monthly health care expenses of $350, you could still qualify. With the MI Choice Waiver program, there is no option of spending down your income to qualify.

Compared with MI Choice, Home Help provides a narrower list of services focused on personal care and homemaking. For example, yard work and home modifications are not covered. “Many people who use Home Help and MI Choice also get informal assistance from family or friends,” says Ablan.

One big advantage of Home Help is that the program is always open to those who qualify, while MI Choice funding is limited and there can be a waiting list.

For more information about Home Help, contact your county Department of Human Services. “Most people aren’t aware of these programs, and that’s one reason why some people end up in nursing homes when they don’t want to,” says Ablan. “The MI Choice Waiver and Home Help can keep people in their own homes, if that’s where they want to be.”

HELP MEETING BASIC EXPENSES

For very low-income seniors, Medicaid and Supplemental Security Income (SSI) form a safety net to ensure that seniors can meet basic health care needs and basic food, clothing and shelter needs. Aged and Disabled Medicaid Care in the Community (AD Care) provides 100% coverage of most medical expenses and does not require payment of premiums or deductibles. In addition, health care providers who accept Medicaid cannot bill for any additional charges as they can with Medicare.

To qualify, an individual’s monthly income cannot exceed $923 and a couple’s $1,235. In addition, an individual must have assets of no more than $2,000 and a couple no more than $3,000. To apply, contact the local DHS office in your county (see “Help with Medicare Part A and Part B”).

Supplemental Security Income is designed to aid the aged, blind and disabled who have little or no income so they can meet their basic needs for food, clothing and shelter. Although administered by the Social Security Administration, SSI is a totally different animal than traditional Social Security. SSI has nothing to do with previous wages earned and the amount paid into the system. Rather, the program is based purely on need and is funded by general revenues, not Social Security tax dollars.

You may be eligible for SSI if you are age 65 or older or are blind or disabled at any age. You also need to have limited or no income and assets. The asset limit, in fact, is the same as that for Medicaid eligibility — no more than $2,000 for an individual; no more than $3,000 for a couple. The income limit will vary depending on whether it is earned or unearned income. Living arrangements will also affect the amount of the limit. It is best to contact Social Security directly to discuss your individual situation.

SSI benefits depend on a person’s household makeup and living arrangements. “Each state has different rules about state supplements that may be payable to individuals receiving SSI,” says Frances Heimes-Savickis, public affairs specialist with the Social Security Administration in Detroit. “In Michigan, the maximum federal benefit for an individual living in an independent living arrangement would be $674 a month. But there are different living arrangement tiers to consider. If the individual was living in a home for the aged or in adult foster care, for example, the amount received would be higher because the cost of their care would be higher.”

To apply for SSI, contact the Social Security Administration at 1-800-772-1213 to schedule an in-office or telephone appointment. Additional information about SSI can also be obtained at www.socialsecurity.gov.

If you qualify for SSI, you are automatically eligible for Medicaid. However, the reverse is not necessarily true.

“The bottom line is, there are benefits out there that can help you,” says Murphy. “Take advantage of them.”
Spotlight on...

Upper Peninsula Area Agency on Aging

Serving all 15 counties of Michigan’s Upper Peninsula

MI Choice Program Expanded to Assist Those Living in Community Settings

If given the option, most people would prefer to live in their own homes and communities for as long as they can. The MI Choice Waiver program currently allows those living in their own home or apartment the option to remain there for as long as possible. The program utilizes Medicaid dollars that would have traditionally been spent on nursing home placement to purchase in-home services such as personal care, respite for caregivers and private duty nursing services. These support services allow the person to receive the care they need while remaining in their own home, thus avoiding costly and unwanted institutionalization.

Recently, UPCAP Services was awarded a grant from the Michigan Department of Community Health to expand MI Choice Waiver services to those living, or desiring to live, in licensed Adult Foster Care or Homes for the Aged. These residential options allow people to live in their own communities as independently as possible, receiving as little or as much support as they may need. Prior to this expansion of the MI Choice program, as people aged and their health deteriorated, they were forced to move to a more restricted nursing home environment to get the increased services they required. Fortunately, the new Residential Services option through the MI Choice Waiver program will allow many to continue to live out their days in the setting that they prefer.

Residential service coordinators are currently available to help nursing home residents determine if a less restrictive environment might work for them, and then help them transition to alternative housing if requested and found viable. Residential service coordinators will also assist those currently living in Adult Foster Homes and Homes for the Aged to remain there, even if more skilled services may be needed. MI Choice program eligibility guidelines will apply.

For more information about the new MI Choice Residential Services option, please call the UPAAA at 1-800-338-7227 or dial 2-1-1.
Detroit Nursing Homes Deliver Positive Quality of Life

Michigan seniors want a quality of life to complement every season of their lives and across all care settings. But is it possible to have a quality life in a Detroit nursing facility? The answer is yes, according to quality-of-life survey results from the University of Michigan (U-M) Institute of Gerontology. Researchers found that 70% of Detroit nursing home residents would recommend their nursing home to someone else, and 57% are living “where I want.”

These and other positive results came from a 52-question survey that examined resident satisfaction with staff, availability of paid care, the ability to make personal choices, activities and community integration, respect that residents receive, privacy, security, comfort, and satisfaction with the environment and meals. From the perspective of Detroit nursing facility residents, life looks good. The quality-of-life study was made possible with funding to the Detroit Area Agency on Aging from the Michigan Department of Community Health. The dollars were earmarked for a Nursing Facility Enhancement Project to drive improvement in Detroit’s long-term care system.

To the almost 150 members of the Detroit Long-Term Care System Change Task Force, the positive results of the quality-of-life study will now put the focus on best practices that can be implemented in all care settings.

Detroit MMAP Volunteers Ready for Enrollment Period

The entire Medicare system is undergoing a series of adjustments that will affect the benefits and options available to Medicare participants. The changes will take place on June 1, 2010 — however, they must be selected during the annual enrollment period between November 15 and December 31, 2009.

The Michigan Medicare/Medicaid Assistance Program (MMAP) provides trained counselors, at no charge, to help Medicare beneficiaries not only understand Medicare and Medicaid, but to compare health plans and prescription drug coverage, assist in enrollment, and to help with any applications for additional savings.

Long-term care needs are unique to every individual, and MMAP counselors, many of whom are volunteers, are available to ensure that every Medicare participant understands their options. For assistance, call 1-800-803-7174.
Bring Joy to an Older Adult this Holiday

Afer both losing their spouses early in life, Arthur and Margot found each other. Now, at ages 94 and 97, they have been married for over 48 years. Each weekday, a Meals on Wheels volunteer brings them a warm, nutritious meal. The couple looks forward to the visit, and this service has helped them remain together in their own home. But while traditional government funding covers the cost of these weekday meals, it does not cover the cost of a holiday meal. The program depends on donations to make sure that homebound seniors are not left hungry or alone on the holidays.

Arthur, Margot and many other frail, homebound seniors depend on the Area Agency on Aging 1-B to raise funds to provide this welcome visit from a volunteer and a festive meal on Thanksgiving, Hanukkah, Christmas Day, New Year’s Day, Passover and Easter. In 2008, the AAA 1-B provided meals to more than 7,000 homebound older adults who were alone on the holidays. To make a donation to support this essential program, visit www.aaa1b.org or send your donation to:

Holiday Meals on Wheels
The Area Agency on Aging 1-B
29100 Northwestern Highway, Suite 400
Southfield, MI 48034

Your donation is tax-deductible as allowed by law.

1-B Helps Senior with Daily Living

Ater the age of 63, Patricia was diagnosed with Guillain-Barre Syndrome, a rare disorder in which the body’s immune system attacks part of the peripheral nervous system. Patricia had a severe form of the syndrome and was almost totally paralyzed, with only the ability to move her eyes and talk. After about nine weeks in the hospital, Patricia was discharged and able to return home. Her legs remained paralyzed, but over time and through therapy she regained most of her walking ability, with the exception of a brace on one leg.

Then a few years later, Patricia developed Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), an acquired immune-mediated inflammatory disorder of the peripheral nervous system that is associated with Guillain-Barre Syndrome. Over the past 10 years, she has had four occurrences of CIDP, and each episode results in further deterioration of her ability to walk and do other activities of daily living.

Through the MI Choice Home and Community Based Medicaid Waiver Program, Patricia is able to remain living in her one-bedroom apartment in a comfortable senior apartment building that overlooks a small river and is close to shopping and entertainment. Using transportation provided by the program, Patricia can once again attend meetings at a local restaurant in Waterford with friends who have continued to remain in touch since kindergarten. Patricia has a very positive attitude and appreciates every day. She has four children, thirteen grandchildren and three great-grandchildren, many of whom visit her often. “Without the help provided by the Area Agency on Aging 1-B, I would not be able to live the way I do.”
Open enrollment for Medicare Part D begins on November 15, 2009, and ends on December 31, 2009. During this time, Medicare beneficiaries can change their Medicare Part D coverage or enroll in a Medicare Part D plan if they do not have credible prescription coverage such as a retiree health plan. The Area Agency on Aging 1-B recommends that Medicare beneficiaries with Medicare Part D be sure to review the Annual Notice of Change statement that each insurance plan is required to send to plan participants by early November, 2009. The Annual Notice of Change will provide information on any changes to your Medicare Part D plan, including changes to the plan deductible, co-pays or co-insurance on prescriptions, and formulary changes.

The Area Agency on Aging 1-B, through the Medicare/Medicaid Assistance Program (MMAP), will be holding local Medicare Prescription Assistance Days. Beneficiaries can make appointments to meet one-on-one with trained local counselors to discuss and review their Medicare Part D options. For more information on the Medicare Prescription Assistance Days or to speak with a counselor, please call the MMAP program at 1-800-803-7174 or visit www.aaa1b.com/Programs & Services/Medicare & Medicaid.

Joe wondered and worried about where he would end up living after six surgeries in four months. He was placed in a nursing facility for rehab, and he thought that he might have to live there permanently.

Then he met Claire Warner, RN from the Region 2 Area Agency on Aging’s NFT (Nursing Facility Transition). Claire talked to Joe each time she came to the nursing facility, and she always offered words of encouragement. Claire told him that he had a “good spirit” and that he could come back from all of his health problems.

After Joe was fitted for and received his prostheses in October, he began making “progress by leaps and bounds.” He worked with Claire and the NFT program and visited two apartment complexes before signing a lease in December 2008. Claire was able to help Joe get started in his apartment with a bed, lift chair and durable medical equipment for his bathroom.

Joe’s family is amazed that he is now in his own apartment, living independently! Joe attributes his independence to his strong faith, NFT, Claire and his family supports. He plans to volunteer at the nursing facility where he resided. Joe enjoys seeing his new friends at the facility and knows that with the right support system, you can change your living situation.

For more information, contact Barbara Stay at the Region 2 AAA, 1-800-335-7881 or 517-467-1909.
High School Students Volunteer for Seniors

When programs serving young people consider collaborating with other programs, the Area Agency on Aging doesn't always come to mind. But when students from Benton Harbor High School were looking for a community service project, they chose the Area Agency on Aging's Senior Volunteer and Inter-generational Programs.

Seventy-four student participants in the Michigan Works! Jobs for America's Graduates (JAG), a school-to-career transition initiative, offered to assist with the annual Senior Volunteer Recognition Banquet and Dance. They designed invitations, made centerpieces and put together gifts for the 150 volunteers serving in the Foster Grandparent, Senior Companion and Family Friends programs. Students worked with the DJ for the dance and compiled the playlist by researching music and dance styles back to the 1950's.

The teens were seated among the elder guests to care for their needs during the evening. Young and old alike got to know each other through dinner conversation, and one student delivered an inspiring speech urging volunteers not to become weary in their service to others.

Students' comments described the evening well:

“I've never had that much fun with seniors before!”—Ferris

Without the community service of the young volunteers and their teachers, the evening would not have been so memorable and so much fun.

For more information, contact the Region IV AAA at 269-983-0177 or 1-800-442-2803.

Licensed Residential Care Option Is a Success!

June is an 85-year-old woman with moderate Alzheimer’s disease. With support from her five children, she was able to live independently in her own home for several years. But early in the summer of this year, a fall resulting in a broken hip changed all of that. June and her family were faced with the difficult decision all caregivers face: What do we do about Mom?

Becky Carter, transition specialist, was there to help. Becky worked closely with June’s family to secure funding through the Tri-County Office on Aging Project Choices’ new MI Choice Waiver option, Licensed Residential Services. In just two weeks, family fears were alleviated when an Adult Foster Care home was found — where June could be cared for in a safe, secure and comfortable homelike environment.

June’s story is not unique. The Licensed Residential Services (LRS) option, enacted on July 1, is providing a much-needed safety net for families like June’s. As the landslide of referrals continues to flow in, the Region 6 transition team will be there to help families look at all the care options in their community.

Call the Tri-County Office on Aging if you reside in Clinton, Eaton or Ingham counties at 517-887-1372 or 1-800-405-9141; or contact your local MI Choice program for more information.
MMAP Volunteers Are Well Trained and Dedicated

The Medicare/Medicaid Assistance Program (MMAP) helps Medicare/Medicaid beneficiaries to better understand their benefits. The MMAP relies on professional volunteers who can review your Medicare Summary Notice with you or assist you in finding out how much a Medicare Part D Plan would cost. Through their dedication and formal training, these wonderful people are able to aid with all of your Medicare/Medicaid questions. MMAP volunteers often have had health insurance problems of their own. As a result, they understand how important it is to talk to someone who is familiar with the programs. Volunteers begin with a program orientation that leads into an extensive four-day training period. After that, they stay updated on Medicare/Medicaid issues by attending refresher trainings throughout the year, which keep them well equipped to help you understand your options — so that you can make informed decisions for yourself.

Here at Region VII we completed a new counselor training in July 2009 and have another one scheduled for March 2010. We train as many as 20 volunteers at a time, and these volunteers go on to assist their communities. In 2008, Region VII volunteers had one-on-one meetings with 2,785 individuals who had questions about their coverage.

For questions about Medicare and/or Medicaid or becoming a MMAP volunteer, please call the MMAP hotline number at 1-800-803-7174.

For additional information about Region VII services or programs, please call 1-800-858-1637 or visit our website at www.region7aaa.org.

NEMCSA Region 9 Area Agency on Aging

Covering 12 counties of Northeast Michigan

It’s A MATTER OF BALANCE in Northeast Michigan

More than one-third of adults age 65 and older fall at least once each year. Falls are the most common cause of nonfatal injuries and hospital admissions for trauma among adults over 65. Fear of falling can result in social isolation, often leading to depression, decreased overall health and an actual increase in the likelihood of suffering a fall.

The Region 9 Area Agency on Aging is offering A MATTER OF BALANCE, an award-winning program designed to manage falls and increase activity levels. The eight-week program meets for two hours once a week and addresses:

- Viewing falls as controllable
- Setting goals for increasing activity
- Making changes to reduce fall risks at home and in the community
- Doing easy exercises to increase strength and balance

A guest physical therapist meets with the group for one two-hour session. Beginning the third week of the program, each session includes an exercise component that can be done in a chair or standing. Participants always identify the exercises as one of the best parts of the class.

Anyone concerned about falls or interested in improving balance, flexibility and strength would benefit from the MATTER OF BALANCE program. There are a number of trained coaches already in the Region 9 area, and more training will be taking place soon. If you would like information about the MATTER OF BALANCE program in your community or would be interested in becoming a coach, please contact Kelly Robinette at 989-358-4628 or toll-free at 1-800-219-2273 ext. 228.

For additional information, contact the Region 9 AAA at 1-800-219-2273.

Fall 2009
What is a power of attorney or durable power of attorney?

A POWER OF ATTORNEY (POA) IS A written document that authorizes someone to act on your behalf. This document is among the most vital legal documents for most people. A “durable” power of attorney is identical to a regular power of attorney except for one difference — the powers remain effective after the onset of a disability or incapacity. The regular power of attorney typically ceases to be effective if you become disabled, whereas the “durable” power of attorney continues to be effective despite your subsequent disability.

Why do I need one?

A DURABLE POWER OF ATTORNEY, along with a health care proxy, allows you to legally appoint whoever you choose to be responsible for managing your financial affairs and/or your health care affairs if you become unable to do so. Power of attorney can be given for all decisions or just for health care decisions or financial decisions separately.

Remember: It is illegal for anyone, including your spouse and children, to sign your name for any reason without legal authorization. Without power of attorney, your loved ones will be required to address the court to get power of attorney in order to transact business on your behalf. This can be time-consuming and emotionally charged, and may come at just the wrong time — because most often the need for power of attorney occurs due to sudden incapacitation of a loved one. I’d like to encourage you… don’t put this off. With a durable power of attorney and health care proxy in place, your loved ones can make seamless decisions and access accounts on your behalf without getting the courts involved.

What are “capital assets”?

NEARLY ALL OF YOUR PERSONAL AND investment assets are “capital assets,” including your home, stocks, bonds, mutual funds and so on. When you sell a capital asset, the difference between the amount you paid for it (the basis) and the amount you sold it for is either a capital gain or a capital loss. A capital gain occurs if you sell an asset for more than your basis. A capital loss occurs if you sell an asset for less than your basis. (Keep in mind that these tax advantages do not apply to qualified plans such as IRAs and 401Ks).

With the market down, what are some good tax-planning ideas?

GIVEN THE DECLINES IN THE MARKET, 2009 may be a good year to look at gains and losses within your taxable accounts. For example, you may have an investment you purchased more than 12 months ago that is worth less than what you paid for it, and another investment that is worth more than what you paid for it. Consider selling all, or a portion, of both investments. This will allow you to offset the taxable gain of one investment with the taxable loss of the other investment.

Additionally, you can use up to $3,000 of capital losses to offset your income ($1,500 for married filing separately). Additional losses may be carried forward to future years and may serve you well as the market improves over time. A word of caution: Do not let “the tax tail wag the dog.” Consider each investment based on its expected future return, your overall investment plan, time frame and portfolio mix, and avoid making isolated tax decisions. Consult your tax advisor.

I’m considering hiring a professional financial advisor. How are they paid?

WHILE RESEARCH INDICATES THAT most people are willing to pay a fair price for quality advice, they also want accurate, transparent disclosure concerning how their hired advisor is paid.

Many Certified Financial Planners™ are compensated in the following ways:

1) Clients pay a fee for written, comprehensive, objective financial planning and advice. Average prices range from $600 to $2,500.

2) Clients pay a percentage — often based on assets under management. This negotiable fee can range between .5% and 2% annually, depending on the dollar amount in the account, the activity level, the complexity of investment strategies and the frequency of meetings. Under this structure, advisors typically do not receive commission for buying and selling investments. Rather, they have an incentive to grow the value of the portfolio through gains or, in a down market, reduce losses.

JENNA EVERETT, CFP®, practices in St. Joseph with a team including her husband, Jim, also a Certified Financial Planner™. Everett is the author of 50 & Forward®: A Woman’s Journey of Financial Awareness & Self Discovery.
# RESOURCE GUIDE
for Michigan Caregivers and Seniors

Clip and save this list of important statewide and regional resources and services.

## STATEWIDE RESOURCES

| Bureau of Health Services (nursing home complaints) | 1-800-882-6006 |
| Department of Consumer Industries (adult foster care complaints) | 1-866-685-0006 |
| Medicare/Medicaid Assistance Program (MMAP) | 1-800-803-7174 |
| Michigan Office of the Attorney General | www.seniornutritionregiv.org |
| Michigan Office of Services to the Aging | www.miseniors.net |

## REGIONAL RESOURCES

### DETROIT AREA AGENCY ON AGING (1A):

- **Outreach & Assistance**
  - Bridging Communities — Detroit: 313-361-6377
  - Detroit Senior Citizens Department — Detroit: 313-224-1000
  - Neighborhood Legal Services Michigan — Redford: 313-937-8291
  - Services for Older Citizens — Grosse Pointe: 313-882-9600

- **Senior Centers**
  - Association of Chinese Americans, Inc.: 313-831-1790
  - Delray United Action: 313-297-7921
  - Latino Family Services: 313-841-7380
  - North American Indian Assn. of Detroit: 313-535-2966
  - St. Patrick Senior Center: 313-833-7080
  - St. Rose Senior Citizen Center: 313-921-9277
  - Virginia Park Citizens Service Corp.: 313-894-2830
  - Reuther Older Adult & Wellness Services: 313-831-8650

### AREA AGENCY ON AGING 1-B:

- Information and Assistance: 1-800-852-7795
- Catholic Social Services of Washtenaw County: 734-971-9781
- Deaf and Hearing Impaired Services: 247-473-1888; TTY: 247-473-1875
- Greater Detroit Agency for the Blind & Visually Impaired: 313-272-3900
- Livingston County Catholic Social Services: 517-545-5944
- Oakland Livingston Human Service Agency (OLHSA)
  - Oakland: 248-209-2600
  - Livingston: 517-546-8500
- The Council on Aging, Inc., serving St. Clair County: 810-987-8811
- The Macomb County Dept. of Senior Citizen Services: 586-469-6313
- The Monroe County Commission on Aging: 734-240-7363

### REGION 2 AREA AGENCY ON AGING:

- Information and Assistance: 1-800-335-7881
- MI Choice Medicaid Waiver Program: 1-800-335-7881
- Hillsdale County Senior Services Center: 517-437-2422 or 1-800-479-3348
- Jackson Department on Aging: 517-788-4364 or 1-800-788-3579
- Lenawee Department on Aging: 517-264-5280
- Legal Services of South Central Michigan: 517-877-6111

### REGION IV AREA AGENCY ON AGING:

- Custom Care — Care Connections of Southwest Michigan: 1-800-442-2803; www.AreaAgencyOnAging.org
- Elder Care Locator: 1-800-677-1666; www.eldercare.gov
- Senior Nutrition Services: 1-800-722-5392; www.seniornutritionregiv.org

### TRI-COUNTY OFFICE ON AGING (REGION 6):

- Information and Assistance: 1-800-405-9141 or 517-887-1440
- Project Choices: 1-800-405-9141 or 517-887-1440
- For in-home service assistance and the Medicaid home/community-based services waiver (MI Choice)

- **Meals-On-Wheels**
  - Greater Lansing: 517-887-1460 or 1-800-405-9141
  - Clinton County: 989-224-3600 or 1-888-224-3030
  - Eaton County: 517-541-2330 or 1-866-541-5444
  - Rural Ingham County: 517-676-2775
  - Senior Dining Site Information: 517-887-1393 or 1-800-405-9141
  - AARP Tax Assistance: 517-887-1440 or 1-800-405-9141

### REGION VII AREA AGENCY ON AGING:

- Information and Assistance: 1-800-858-1637
- Alzheimer's Association of Mid-Michigan: 1-800-337-3827
- Citizens for Better Care (Nursing Home Advocacy Ombudsman) 1-800-284-0046
- Lakeshore Legal Aid: 1-866-552-2889
- MI Choice Medicaid Waiver Program: 1-800-858-1637
- Bay Co. Division on Aging: 989-895-4100
- Clare County Council on Aging: 1-800-952-3160
- Gladwin County Council on Aging: 1-800-952-0056
- Gratiot County Commission on Aging: 989-875-5246
- Human Development Commission (Huron, Tuscola and Sanilac counties): 989-673-4121 or 1-800-843-6394
- Isabella County Commission on Aging: 1-800-878-0726
- Midland County Council on Aging: 1-800-638-2058
- Saginaw County Commission on Aging: 1-866-763-6336

### NEMCSA REGION 9 AREA AGENCY ON AGING:

- Information and Assistance: 1-800-356-3474
- Long-Term Care Ombudsman: 1-866-485-9393

### Multi-purpose Senior Centers

- Alcona County Commission on Aging: 989-736-8879
- Alpena Area Senior Citizens Council: 989-356-3585
- Arenac County Council on Aging: 989-653-2692
- Cheboygan County Commission on Aging: 231-677-7234
- Crawford County Commission on Aging: 989-348-7123
- Iosco County Commission on Aging: 989-728-6484
- Montmorency County Commission on Aging: 989-785-2580
- Ogemaw County Commission on Aging: 989-345-5300
- Oscoda County Council on Aging: 989-826-3025
- Otsego County Commission on Aging: 989-732-1122
- Presque Isle County Council on Aging: 989-766-8191
- Roscommon County Commission on Aging: 989-366-0205

### UPPER PENINSULA AREA AGENCY ON AGING (UPCAP):

- Information & Assistance: Dial 2-1-1 or 906-786-4701
- Outside the U.P.: 1-800-338-7277
- U.P. Ombudsman: 1-800-485-9393

### UPCAP Care Management/Field Offices

- Escanaba: 906-786-4701
- Houghton: 906-482-0982
- Iron Mountain: 906-774-9918
- Marquette: 906-228-6169
- Sault Ste. Marie: 906-632-9835

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**Fall 2009**
What You Should Know About the Flu Season

The news media has bombarded the public with alerts about the new swine flu, also called the H1N1. Doses of the vaccination were scheduled to be available starting mid-October, with 195-million doses eventually scheduled for delivery. The Food and Drug Administration identified 90,000 sites, including clinics and schools, across the U.S. that were chosen to give the shots out to the public.

What does this mean for seniors, who are normally at higher risk for the regular seasonal flu?

Health professionals point out that the H1N1 strain sickens younger people more frequently than adults over 65. Pregnant women are also at high risk, as well as individuals who suffer from asthma, diabetes and heart disease. In general, seniors should follow their normal precautions in trying to avoid either type of flu. These include the following tips:

• **Cover nose and mouth when sneezing** or coughing with tissue or elbow. Wash up thoroughly when your hands are used.
• **Wash hands better than usual.** Experts say that 80% of infections are transmitted by hands! Use hand sanitizer when washing isn’t possible.

**Do not touch your eyes, nose or mouth!** Concentrate on using a tissue when you must scratch your nose, etc.

• **Disinfect surfaces** (cabinets, countertops, etc.) with chlorine cleaners or disinfectant cleaners, as well as sanitizing phones, controls and door handles.

• **Handle trash carefully:** Avoid touching trash, especially tissues, and wash afterward anyway.

• **Get your flu shots!** Since flu usually reawakens in the fall, put it on the calendar now to get your regular flu shot, as well as the H1N1 shot as soon as it is available. If you are not sure when the shot is available, or where to get it, check with your doctor.

• **Stay home at the first sign of any flu symptoms.** Call the doctor with any questions. The doctor may advise a wait-and-see, or have you make an appointment. Patients may be asked to wear a mask.

Symptoms include fever, cough, sore throat, headache, chills and fatigue and, sometimes, diarrhea and vomiting. Remember, for the worst cases, the flu can be deadly. So prevention is still the best defense.