

Senior GAZETTE

Summer 2013

by Carol Schmitkons, Director, Amherst Township Senior Service Office (ATSSO)

Home-Delivered Meal Program

ATSSO provides home-delivered meals for those over 60 and disabled adults over 18, with a cost that is adjusted to your income. This nutritious, hot lunch program includes your choice of an entrée, soup & sandwich, or soup & salad. A “soup only” option is also available as a choice. If you would like to receive a home-delivered meal, please contact the Senior Service Office at **988-5894, ext. 102**.

Position Opening

I will be retiring at the end of November 2013. While this is coming sooner than I had originally planned, I am finding the needs of older adults in my own family are taking up more of my free time these days and leave me with less time to get my own work done. Now, it is time for me to put into practice the information I have been sharing with you over the past 10 years.

The Trustees will begin the recruitment process for my successor. Managing the Home-Delivered Meal Program and dealing with new government reporting requirements will be part of the job. Good computer and communication skills plus a love for working with seniors and their caregivers will be a great assets. If you think you might be interested in serving the township in this capacity, please see the “Help Wanted” article on the last page of this newsletter. Interviews will be held early this fall. Applicants will be notified if we wish to schedule an interview with you.

ATSSO OFFICE HOURS:

8:00 A.M. – NOON (M-F)

Phone: 988-5894 – Ext. 102

Email: amhersttwpseniors@oh.rr.com

“2-1-1” First Call For Help

“First Call for Help” is a Community Resource Directory sponsored by the United Way of Greater Lorain County. This information and referral service utilizes a database of thousands of local resources to assist people in accessing the help they need. It is available 24/7 and is free. All calls are confidential.

You can reach them by calling:

“2-1-1”

(or) 1-800-275-6106

Their website is at: www.211lorain.org

When in Doubt Don’t

Every week notices from different organizations come over my desk about various types of scams and burglaries. Please be careful of what types of personal information you give out online – 1) make sure websites are secure ([https](https://)) and 2) information like vacation dates should not be placed in emails or on Facebook.

Do not give out personal information over the phone unless you initiate the call and know the agency or company you are calling is reputable.

Do not invite into your home door-to-door solicitors or individuals who say they represent companies or agencies you might have dealt with in the past, unless you have called or written to request an in-home consultation.

Medicare: Hospital Status

➔Inpatient

Admission begins the day that you are formally admitted to the hospital with the doctor's order. It ends the day before you are discharged.

"Part A" covers all hospital services for the first 60 days of hospitalization, after a one-time deductible (\$1,184 for 2013). This deductible must be repaid if you are hospitalized again after that 60-day benefit period. "Part B" covers most inpatient doctor-ordered services at 80%. You would be responsible for the remaining 20% after paying the Part B deductible (\$147 in 2013).

➔Outpatient

You are an outpatient if you are getting emergency room treatment, observation services, lab tests, or X-rays, and the doctor hasn't written an order to admit you as an inpatient – even if you spend the night at the hospital. Medicare "Part B" covers outpatient hospital and doctor services. Generally, this means you make a copayment for each individual hospital service used. Note that the copayment amount for a single outpatient service can't be more than the inpatient hospital deductible. In some case, however, your total copayment for all services may be more than that deductible.

In most cases, prescription and over-the-counter drugs that you get in an outpatient setting are not covered by "Part B", but under certain circumstances prescription drugs may be covered by a "Part D" plan. You will likely have to pay the charges for these out of pocket and then submit a claim to your plan for reimbursement.

➔Skilled Nursing Facility Patient

Medicare covers your care in a Skilled Nursing Facility (SNF) if you first have a "qualifying hospital stay." That means you've been a hospital inpatient for at least 3 days in a row (includes the day you were admitted as an inpatient but not the day you were discharged).

If your inpatient hospital stay ends before 3 days, ask if you can get care after your discharge in other settings (such as home health care) or through other programs (such as Medicaid or Veteran's benefits). If your doctor orders observation service to determine whether you need to be admitted to the hospital as an inpatient or discharged, you cannot count that time toward the three-day inpatient hospital stay needed for Medicare to cover your "SNF" stay.

Always ask your doctor or the hospital staff if Medicare will cover your "SNF" stay.

➔Know Your Medicare Rights

Regardless of the type of service used, a Medicare beneficiary has these rights:

- Right to have your Medicare-related questions answered in a manner that you can understand.
- Right to learn all your treatment options and to participate in treatment decisions.
- Right to a review of (appeal) certain decisions about health care payment, coverage of services or prescription drug coverage.
- Right to file complaints (grievances) including complaints about the quality of your care.

What's Happening to My Health Insurance???

No doubt many of you who are still working have seen or will see dramatic changes in your health insurance coverage.

The "Affordable Care Act" is expanding health insurance by:

- 1) requiring individuals to obtain "minimal essential coverage" for themselves and for their dependents and
- 2) requiring employers to offer "affordable" health care plans.

Large employers (those who have 50 or more full-time equivalent employees) must offer minimum essential coverage that is affordable or pay a non-deductible excise tax. Affordability means employees whose household incomes are less than 400% of the federal poverty level (\$45,960 single in 2013) must pay no more than 9.5% of their income toward health care premiums. Minimum essential coverage means their policy must pay out at least 60% actuarial value of covered benefits. This is why many companies are getting out of the health coverage or moving toward giving

employees an allowance toward premium costs. Some employers are moving away from spousal coverage in order to provide coverage for dependents up to age 26 as spouses are not subject to dependent status and are not covered by affordability testing.

Also, beginning in 2014, individuals who fail to obtain mandatory coverage will also be penalized with a tax of \$95 or up to 1% of their income, whichever is greater. In 2015, the minimum penalty increases to \$325 and in 2016 it increases to \$695.

More information should be coming to consumers over the next few months on how these mandates will affect them. Be sure to read carefully any information coming from Medicare, the state or federal government and from your current or former employer. If you don't understand the information received, ask questions from the agency or company who has sent out the literature.

Just In Case: Emergency Readiness for Older Adults & Caregivers

Step 1 – Know the basics.

Know how to do things like – how to turn off your gas & electric services; get to know neighbors who might assist you.

Step 2 – Have emergency supplies ready.

This should include 1) items you would need to survive in your home until help arrives and 2) a personal evacuation bag partially packed and ready to go (add things like medications, glasses, denture case, supplies & hearing aid case & batteries at the last minute). Don't forget to include personal hygiene & incontinence supplies as well as pet care supplies.

Step 3 -- Make a personal plan.

Alert the local EMA at 329-5117 if you need special medical services that may require electricity or if you have mobility

issues so you can be placed on their priority response list.

Plan your emergency escape routes from your home. Place your personal evacuation bag in a central location easily accessible from any of these routes.

Designate an out-of-the-area emergency contact that loved ones can call if local phone service is disrupted.

Know emergency procedures for any home health services that you are getting or if you live in a retirement community.

Record your health information in a Personal Health Care Journal like the one published by the U.S. Administration on Aging available by request from Ohio's ProSeniors organization at 800-488-6070.