SOUTHWESTERN COMMISSION
AREA AGENCY ON AGING

The Aging Advocate

SPRING 2016

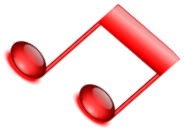
Aging Advocate

Spring Conference

REGION A

Cherokee
Clay
Graham
Haywood
Jackson
Macon
Swain

Presenter: Ruth Price, Ombudsman Land of Sky



$25.00 a person

June 9, 2016 9:00-3:00

Showing of "Alive Inside"

Alive Inside is a joyous, cinematic, exploration of music

Compact to awaken our souls and uncover the deepest parts of our

Humanity.

Special singing you won't want to miss!

Respite will be available upon request

For more Information contact Sara Melton 828-586-1962 Ext:220

Brochures available at the beginning of May

North Carolina Department of Insurance
Wayne Goodwin, Commissioner
PROTECT - DETECT - REPORT

Common Scams

Be suspicious of doctors, health care providers, or suppliers who:

- Ask for your Medicare number in exchange for free equipment or services
- Ask for your Medicare number for "record keeping purposes"
- Tell you that tests become cheaper as more of them are provided
- Advertise "free" consultations to people with Medicare
- Call or visit you and say they represent Medicare or the Federal Government
- Use telephone or door-to-door selling techniques
- Use pressure or scare tactics to sell you expensive medical services or diagnostic tests
- Bill Medicare for services you never received or a diagnosis you do not have
- Offer non-medical transportation or housekeeping as Medicare-approved services
- Bill home health services for patients who are not confined to their home, or for patients who still drive a car
- Bill Medicare for medical equipment for people in nursing homes
- Bill Medicare for tests you received as a hospital inpatient or within 72 hours of admission or discharge
- Bill Medicare for a power wheelchair or scooter when you don't meet Medicare's qualifications

NORTH CAROLINA RESPITE CARE COALITION IS OFFERING RESPITE VOUCHERS

The North Carolina Respite Care Coalition (NCRCC) is the statewide lifespan respite organization which makes it possible for the state of North Carolina to be eligible to receive federal lifespan respite funding.

NCRCC is a non-profit grassroots network of parents, family caregivers, providers, and representatives from organizations whose priority is to expand and enhance respite services available to families throughout the lifespan.

We are currently offering reimbursement-based respite vouchers, with a one-time maximum value of $500, for families who are "falling through the cracks" and who meet one of the following eligibility criteria:

The family is ineligible for any other respite resource

OR

The family has been eligible, but has exhausted all respite resources and is unable to pay privately

OR

The family is on a waiting list for respite services.

Applications are completely paperless (online) and must be completed and submitted by a referring professional. We cannot accept applications directly from families without the involvement of a referring professional. Referring professionals must also be or become members of NCRCC (it's absolutely free, there are no membership dues). To join NCRCC, visit http://northcarolinarespitecarecoalition.org/?page_id=265

To learn more about these respite vouchers, visit http://northcarolinarespitecarecoalition.org/?page_id=311, or contact NCRCC President, Cindy Miles at 828-586-1962, ext. 218 or cindy@regiona.org.

CMS Releases Final Medicare Advantage and Part D Plan Changes for 2017

In early April, the Centers for Medicare & Medicaid Services (CMS) published the 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter (2017 Final Notice and Call Letter). In March, Medicare Rights submitted comments on the draft version of the call letter supporting of many of the proposed changes, which seek to improve the accuracy of payment structures and strengthen plan accountability. The 2017 Call Letter finalizes most of the proposals included in the draft letter, with some moderate changes.

The changes included in the final version include adjustments to payment methodologies designed to improve the accuracy of payments to plans serving beneficiaries dually eligible for Medicare and Medicaid as well as policies to improve the accuracy of MA plan provider network directories and Part D plan audits related to auto-forwarded appeals cases. CMS will go forward with some other proposals, but on a different time-frame. For example, changes to the way employer-sponsored MA plans are paid will be phased in over time to avoid dramatic reductions in benefits.

The 2017 Call Letter also reflects upon opportunities to improve beneficiary access to medications. The final version increases the minimum price for medications placed on the specialty tier and promises a series of CMS analyses on use of the specialty tier among Part D plans. CMS will consider whether placement on a specialty tier decreases utilization of particular prescription drugs and will assess the impact of allowing tiering exceptions on the specialty tier; to date, these exceptions are prohibited for specialty medications.

Medicare Rights is pleased to see that CMS carefully considered comments received from a wide range of stakeholders, and continues to support many of the policies advanced in the 2017 Final Notice and Call Letter. We remain concerned, however, about minimal progress made on promised improvements to Part D coverage determination and appeals processes. We regularly hear from people with Medicare who face persistent confusion and challenges when denied access to a medication at the point of sale, and we continue to encourage CMS to strengthen the Part D appeals process.

We are all trained SHIIP Volunteers here at the Area Agency on Aging.
If you have any questions or need help with Medicare, please call us at:
828-586-1962 to make an appointment.

2015 Medicare Low–Income Subsidy

Call us to find out if you qualify for a Low-Income Subsidy (LIS) — also known as Extra Help — to help pay for your premiums and prescription drug copayments.

How to apply

To get LIS, apply through Social Security or your State Medicaid Agency. Complete an online application or call the Social Security Administration directly Monday through Friday, 7 a.m. to 7 p.m. to apply at 1-800-772-1213 toll-free (TTY 1-800-325-0778).

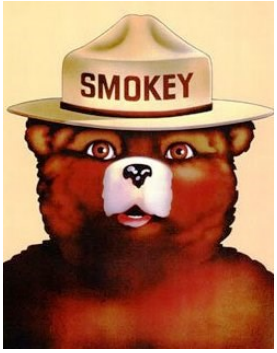
How LIS changes your premiums and copayments

If you qualify, Medicare will tell us about your LIS eligibility and we will apply it to your coverage reducing your out of pocket costs. You can also tell us about your LIS. You can show us your Medicaid card or your award letter from SSA - these are called "Best Available Evidence". Learn more about "Best Available Evidence" by visiting the CMS website.

"Only You Can Prevent…"
Larry's Lines
Larry Alan Reeves- Region A Ombudsman
Spring 2016

As a lad I (like many others my age) enjoyed watching cartoons on the TV on Saturday mornings. From TV-13 (WLOS, Asheville) I watched Bill Norwood and a very young Bob Caldwell present the "Mr. Bill and Bozo Show". From TV-4 (WFBC/WYFF, Greenville, SC) I got to enjoy "Monty's Rascals". The shows presented lots of different cartoons. Among my favorites were "Popeye", "Quick-Draw McGraw", "Fog-Horn Leg-Horn", "Pepe LaPew", "Tom and Jerry", "Wiley Coyote and Roadrunner", and so many others. In addition, they would show episodes of the "Three Stooges" and "Spanky and Our Gang". It was a necessary part of my life. In particular, I remember appearances by "Smokey Bear". Smokey Bear was created to honor a small bear cub that (somehow) survived a major forest fire in the Capitan Mountains of New Mexico in 1950. Smokey Bear became the symbol and voice of the US Forest Service in efforts to prevent human caused forest fires. In the midst of my "cartoon fest", Smokey Bear (all grown up and dressed in a Forest Ranger uniform) would appear and say "Only you can prevent forest fires". I knew he was speaking directly to me. I had no doubt as to my responsibility to prevent fires and protect the animals that lived in the forests.

As the Long Term Care Ombudsman, a portion of my responsibilities are to help prevent older adults from being subjected to any type of mistreatment by others, and even by themselves. Primarily, my focus is on the residents of long-term care facilities (family care homes, adult care homes, skilled nursing homes). For those residents, I direct my efforts towards protecting them from mistreatment (physical abuse, emotional abuse, sexual abuse, neglect [including abandonment by caregivers and self-neglect], financial exploitation, and healthcare fraud and abuse). In order to carry out that focus, I provide education in such areas as residents' rights, identifying the various types of mistreatment, signs and symptoms of the mistreatment of older adults, risk factors that cause older adults to be vulnerable to mistreatment, things that can be done to help prevent the mistreatment, and the best avenues to follow in reporting suspected mistreatment of others. However, my responsibilities are not limited just to residents of long-term care facilities. I am, also, to do all that I possibly can to protect older adults in any and all situations, settings, and circumstances from mistreatment.



Unfortunately, many older adults are mistreated in their own homes, in relatives' homes, and even in facilities responsible for providing for their care. Far and away, the most often identified person that is responsible for mistreating the older adults are their own adult children. Given the fact that many older adults have to have assistance with many of the tasks of daily living and are, therefore, in need of caregivers (both paid and non-paid); they are at risk for being mistreated by the caregivers as well. While it is difficult, and challenging, to prevent and protect older adults from being mistreated in their own and/or relatives' homes it is still a need that demands to be met. It is everyone's responsibility to be aware of the older adults around them, to listen to and watch for any signs an older adult may be experiencing mistreatment, to take steps to intervene when mistreatment is suspected, and to report the mistreatment to the proper authorities with responsibilities in this area. The Adult Protective Services of the local Department of Social Services is the front-line agency to handle the initial reports. In healthcare facilities, it is the responsibility of the providers (every staff member), the local Adult Protective Services of the Department of Social Services, the Ombudsman, law enforcement agencies, and the Department of Health Services Regulation to combine efforts to prevent and protect against the mistreatment of older adults.

Smokey Bear made it clear to me that I was responsible for preventing forest fires and protecting the animals that live in the forest. His challenge was/is personal. There is no way for me to shirk my obligations. It is MY duty. In the same way, North Carolina has a "mandatory report law" in place, to which everyone is subject. Simply stated, the mandatory report law states that if anyone suspects that a person (child, disabled adult, older adult) is being mistreated, the person is "mandated" to report the suspicions to the authorities. All of us are required to do our part.

Now!

"World Elder Abuse Awareness Day"
June 15, 2016

On Wednesday, June 15, 2016 at 6:00 PM folks from the Southwestern Planning Commission Region A will gather at a variety of locations for the annual "Elders Matter: World Elder Abuse Prevention and Awareness Walk". Volunteers from each of the seven (7) counties (including the Eastern Band of the Cherokee Indians) will facilitate the simultaneous walks. Information regarding the warning signs, risk factors, prevention, and methods for reporting suspected incidents of elder abuse will be available at each location. Each person who walks will receive a free "specialty" T-shirt. Please look for announcements with the locations for the event to be forth coming as Wednesday, June 15, 2016 draws nearer.

If additional information is desired please contact any member of the staff of the Area Agency on Aging.

AAA UNVEILS ITS FOUR-YEAR REGIONAL AGING SERVICES PLAN

Every four years, the North Carolina Division of Aging and Adult Services develops a statewide plan, which establishes goals for the development and delivery of the continuum of aging programs and services. To read the state's plan, visit http://tinyurl.com/o6vvq3x. Each of the 16 regions is then tasked with developing regional plans that outline the objectives, strategies, and measures for implementing the state goals at the regional level.

At the recent public hearing on April 14, 2016, AAA staff presented the 2016-2020 Regional Aging Services Plan. From our theme: "Booming Forward … We're In This Together, and Together It Works", the Southwestern Commission Area Agency on Aging's four-year plan provides comprehensive insights into our approach, including numerous activities and collaborations, which are already underway in many cases.

The sheer demographics of our seven counties point to the stark reality that, unless there is a tremendous infusion of public funding for older adult programs, demand for services is always going to outweigh available public resources, at least through 2050. This plan outlines the avenues our agency is pursuing toward a business model of program expansion and presents the ways our agency will be working with our partners to address unmet needs.

In this plan, the Southwestern Commission Area Agency on Aging has laid out an approach, which relies heavily on exceptional stewardship of resources as well as the collective impact of the partnerships we have formed throughout the region. This plan demonstrates the continued commitment of the Area Agency on Aging, our contracted service providers, other stakeholders, as well as our committee members and volunteers to the continuation of a sustainable continuum of programs, services and supports for older adults in our region and state.

If you would like to read our 2016-2020 Regional Aging Services Plan, please contact Cindy Miles: cindy@regiona.org.

Choosing Healthy Meals As You Get Older: 10 Healthy Eating Tips for People Age 65+

Making healthy food choices is a smart thing to do—no matter how old you are! Your body changes through your 60s, 70s, 80s, and beyond. Food provides nutrients you need as you age. Use these tips to choose foods for better health at each stage of life.

1. Drink plenty of liquids

With age, you may lose some of your sense of thirst. Drink water often. Low-fat or fat-free milk or 100% juice also helps you stay hydrated. Limit beverages that have lots of added sugars or salt. Learn which liquids are better choices.

2. Make eating a social event

Meals are more enjoyable when you eat with others. Invite a friend to join you or take part in a potluck at least twice a week. A senior center or place of worship may offer meals that are shared with others. There are many ways to make mealtimes pleasing.

3. Plan healthy meals

Find trusted nutrition information from ChooseMyPlate.gov and the National Institute on Aging. Get advice on what to eat, how much to eat, and which foods to choose, all based on the Dietary Guidelines for Americans. Find sensible, flexible ways to choose and prepare tasty meals so you can eat foods you need.

4. Know how much to eat

Learn to recognize how much to eat so you can control portion size. MyPlate's SuperTracker shows amounts of food you need. When eating out, pack part of your meal to eat later. One restaurant dish might be enough for two meals or more.

5. Vary your vegetables

Include a variety of different colored vegetables to brighten your plate. Most vegetables are a low-calorie source of nutrients. Vegetables are also a good source of fiber.

6. Eat for your teeth and gums

Many people find that their teeth and gums change as they age. People with dental problems sometimes find it hard to chew fruits, vegetables, or meats. Don't miss out on needed nutrients! Eating softer foods can help. Try cooked or canned foods like unsweetened fruit, low-sodium soups, or canned tuna.

7. Use herbs and spices

Foods may seem to lose their flavor as you age. If favorite dishes taste different, it may not be the cook! Maybe your sense of smell, sense of taste, or both have changed. Medicines may also change how foods taste. Add flavor to your meals with herbs and spices.

8. Keep food safe

Don't take a chance with your health. A food-related illness can be life threatening for an older person. Throw out food that might not be safe. Avoid certain foods that are always risky for an older person, such as unpasteurized dairy foods. Other foods can be harmful to you when they are raw or undercooked, such as eggs, sprouts, fish, shellfish, meat, or poultry.

9. Read the Nutrition Facts label

Make the right choices when buying food. Pay attention to important nutrients to know as well as calories, fats, sodium, and the rest of the Nutrition Facts label. Ask your doctor if there are ingredients and nutrients you might need to limit or to increase.

10. Ask your doctor about vitamins or supplements

Food is the best way to get nutrients you need. Should you take vitamins or other pills or powders with herbs and minerals? These are called dietary supplements. Your doctor will know if you need them. More may not be better. Some can interfere with your medicines or affect your medical conditions.

Go to www.ChooseMyPlate.gov and www.nia.nih.gov/health/topics/nutrition for more information.

CALENDAR OF EVENTS

APRIL

22 Volunteer Appreciation 10:00 am

Tartan Hall

27 SMP Presentation 10:30 am

Hiwassee Dam Senior Center

MAY

19 Jackson Co Board Meeting 3:30 pm

Department on Aging

26 Clay Co Expo 9:00am

Clay Co Senior Center

30 Office Closed – Holiday

JUNE

1 SHIIP Meeting 1:00 pm

Department on Aging

7-8 NC Senior Tar heel Legislature Meeting

Chapel Hill

9 Healthy Aging Conference

Burrell Center at SCC

TRAINING

The Area Agency on Aging Staff is available to provide Training to facility staff, community groups, agencies, family caregivers, etc. on a wide variety of topics which include:

- **Residents Rights**
- **Sharing Our Uniqueness**
- **Life is Good-Dealing with Grief & Loss**
- **Accepting The Challenge (Dementia), Virtual Dementia Tour™,**
- **Elder Abuse**
- **Attending to the Spiritual Needs of Family Caregivers**
- **Respecting Choices-Advance Care Planning**
- **Caregiving 101: Positive Techniques for Dealing with Caregiver Stress**
- **Finding Common Ground in Family Disagreements**
- **Laugh Your Way to Health (Therapeutic Laughter)**
- **What is Normal Aging?**
- **Older Adult Sensitivity Training**
- **Making Your Home More Accessible**
- **Living Healthy**
- **Living Healthy with Diabetes**
- **Arthritis Foundation Exercise Program**
- **Arthritis Foundation Walk with Ease Program**
- **Arthritis Foundation Tai Chi Program**
- **Matter of Balance**
- **Hand Washing Techniques**

We also provide training on Senior Medicare Patrol, Schemes and Scams, Retirement Ready, and Savvy Saving Seniors.

Contact your AAA staff for more details or to schedule the training that you want.

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