



PUBLICATION OF EAST CENTRAL KANSAS AREA AGENCY ON AGING

SERVING ANDERSON, COFFEY, FRANKLIN, LINN, MIAMI, & OSAGE COUNTIES

Reflecting on 2017



Two Feet Forward

By Shannon Ocsody

The Two Feet Forward program is a wonderful program for grandparents taking care of their grandchildren who may need assistance with the expenses that occur. After filling out a short application and verification that their grandchild is a student at named school, a \$50 gift card to Famous Footwear is sent to the grandparent to

help buy shoes for their grandchild. In August of 2017, the Two Feet Forward application was sent to 58 schools in the 6 counties we serve. We assisted 27 grandparents and provided shoes for 45 grandchildren. Without these shoes many children may not have the necessary shoes for the specific season.

Cherished Time

By Deidra Casida

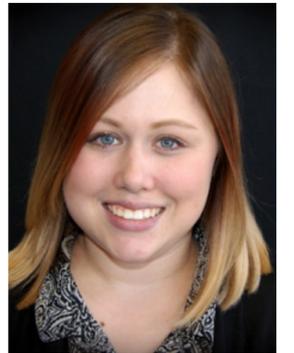
In April 2017 I went to the home of a husband and wife to complete an assessment for homemaker services. During the assessment the wife explained to me that they moved to the country on a whim many years ago. Now her beloved husband of 60 plus years was suffering from dementia and the disease was progressing rather quickly. The wife wanted nothing more than to be able to stay in the home with her husband for as long as possible and hold onto what little independence they had left. She shared with me how household chores were getting harder and harder for her to complete alone. I reassured her that I would be able to get her some help so she would be able to enjoy spending time with her husband and spend less time worrying about the household chores. I was able to help this client get homemaker services and give her peace of mind knowing that everything would be OK.



Cleaning with Purpose

By Stephanie Skedel

Mariam lives alone and has different medical conditions that keep her from being able to clean her apartment on her own. Mariam had received a notification from her landlord that she needed to deep clean her apartment due to an outbreak of roaches in the complex. She needed a provider to be able to come in on a short two-day notice and deep clean the whole apartment. The providers that were available were not able to complete the task until the day after the apartment would have needed to be cleaned. Due to this, two case managers from ECKAAA went to Mariam's to clean the apartment to help her avoid being evicted. Our agency purchased extra cleaning supplies and roach repellents. We deep cleaned her apartment in time for her inspection and helped her avoid eviction. I love working for an agency that is not afraid to take an extra step for clients.



On the Road Again

By Amber Vogeler



Janelle is an independent woman who was found not eligible for the IDD waiver. She was able to appeal her eligibility determination but was still found to be ineligible. A day service provider was present during the appeal and agreed to use county mill dollars to help cover expenses for Janelle to receive a little support. Over the years Janelle learned to drive, received her driver's license and managed to save enough money to buy her own vehicle. To cover the cost of the vehicle Janelle found a job and has been steadily working for the

last ten years. Janelle is a loving individual who has an extremely soft spot for children. She became very close friends with a single father who has a son served by the IDD waiver. Janelle offered to help transport the son to and from residential visits, doctor's visits and even to his school sporting events. On the way to one of the child's recreational baseball games Janelle's vehicle broke down. They had to walk the rest of the way to the game and get a ride home. Janelle's service providers reached out to the CDDO to see if we could help. The CDDO offered to help Janelle get her vehicle towed to a dealership and offered to pay for the repairs. Janelle has worked years to become as independent as possible, the CDDO helped to ensure independence and get Janelle back to driving a safe and reliable vehicle.

THE SHICK PROGRAM

Statistics

3,143

In the fiscal year 2017 - 3,143 contacts were made through the SHICK program. Below is a closer look and breakdown of that number.

Anderson County - 254 contacts
 Coffey County - 241 contacts
 Franklin County - 645 contacts
 Johnson County - 1307 contacts
 Linn County - 139 contacts
 Miami County - 389 contacts
 Osage County - 168 contacts

A total of 3,143 clients:
 684 were assisted by phone
 1225 were assisted face to face
 757 were assisted at their home or at a facility
 114 assisted by email
 395 assisted through postal mail or fax

Of the 3,143 total clients:
 513 were screened for Extra Help
 172 were given Extra Help application assistance



Masthead photo was designed by Jasmine Anderson, ECKAAA Marketing and Outreach and Editor of Golden Years.

NEW FACES AT THE ECKAAA

Hello! My name is Kathy Burke and I am the new Intake and Information Representative at the ECKAAA. I grew up and attended schools in Ottawa before moving to Johnson County. In 2012, I returned to Ottawa and commuted to the city for work up until September 2017. I have two children; one is a Junior at Wichita State University - majoring in Criminal Justice. And the other is in elementary school. My hobbies include spending time with my family, shopping, traveling, reading and catching up with friends.



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From The Director

By Elizabeth Maxwell
Executive Director

The Kansas Legislature will meet beginning January 8, 2018. Last year we asked them to restore the Senior Care Act SAFETY NET for seniors. They heard us and this year we want to thank them for restoring funding. A list of the legislators representing Anderson, Coffey, Franklin, Linn, Miami, and Osage counties is included in Golden Years.

Statewide, the area agencies on aging have set the 2018 Public Policy Goals which we believe will help aging Kansans across the state. When you talk with your local legislators, the information below should be helpful.

A. Senior Care Act: Thank you for restoring SCA funding to help keep people in their homes by providing basic care such as bathing, house cleaning, shopping, and respite care. SCA also helps keep people off Medicaid (KanCare). Without funding for SCA services, seniors will do without services or apply for Medicaid (KanCare). It's also important to remember that SCA customers pay for a portion of the services received based on their income.

B. Reinstate local Service Coordination at the community level for three Home and Community Based Services (HCBS) waiver populations – Frail Elderly (FE), Physical Disability (PD), Traumatic Brain Injury (TBI). With the implementation of KanCare in 2013, the critical service of Targeted Case Management was eliminated for the FE, PD, and TBI populations. A hole was created and needs to be filled at the local level.

C. KanCare 2.0: KanCare's goal of building more capacity in communities and reducing stays in nursing facilities is a laudable goal, however, we believe it will take "boots on the ground" to make it happen. As such, we are pleased to see the enhanced Community Service Coordination requirement in KanCare 2.0. Current KanCare data indicates a decline in both the number of seniors receiving Medicaid HCBS and NF services. We are alarmed by the decline in numbers and, therefore, support additional oversight of KanCare, improvement in data transparency and increased local "high touch" at the community level.

D. FULL FUNDING OF THE NUTRITION PROGRAM: We support current nutrition funding levels for seniors and people with disabilities. State dollars for nutrition services are highly leveraged with funding from federal and local sources and with donations from nutrition participants. Also, hundreds of volunteers provide thousands of hours of service throughout the state. These volunteers help keep nutrition program budgets in check despite increasing demand and ever-increasing food and insurance cost.

E. RESTORE OLDER KANSANS EMPLOYMENT PROGRAM (OKDP) FUNDING TO SFY'2011 LEVEL: OKEP provides career assessment, job-matching, specialized training and job search assistance to Kansans age 55 and older regardless of their income and facilitates the development of job opportunities for older Kansans in private industry.

If you have any questions about any of the topics that the area agencies on aging believe are beneficial to Kansans, please give me a call at 1-800-633-5621 or 1-785-242-7200.

Each of us has a responsibility to let our legislators know what is important to us and help make Kansas a preferred State to live in as we grow older. You can be that advocate. As Teddy Roosevelt once said, "Do what you can, where you are, with what you have". You can make a difference when you let your senator or representative hear from you.

Happy Holidays

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APRN, FNP-BC



Nader Rastgoftar,
DDS



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Patricia West,
APRN, FNP-BC

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Caregiver's Corner



Shannon Ocsody,
Caregiver Coordinator

10 New Year's Resolutions to Keep for Family Caregivers of Seniors

By Kathy Birkett 12/31/2015

The lives of those who are family caregivers of seniors can be difficult, with many demands on their time from their senior loved ones, spouses, children and their jobs.

It is often even more difficult when you add into the mix the additional stress of wanting to do the very best for family — and often having your efforts taken for granted.

Your senior loved one demands your attention and time, often times with little or no spoken thanks in return from them or other family members.

Challenges face you every day, every minute some days.

Sometimes those challenges are repetitive but too often you are hit with something out of the blue.

As the calendar turns and family caregivers of seniors contemplate resolutions for beginning the year with a bang, we offer a few tips that can help you stay strong and energized in the New Year!

If you are one who doesn't believe in resolutions ("I never keep them"), you might call these promises you are making to your loved one and yourself. After all, by following through, you not only make their life better but yours too!

Resolutions (Promises) for Caregivers

1. Thank yourself in case no one else does. Even if they don't say it out loud, they are thinking it and know how fortunate they are to have you caring for them.
2. Ask for help! There are people who can help you, give you respite and ease your daily caregiving responsibilities. It is not a sign of failure to accept help!
3. Take time out of every day to care yourself so you can go on caring for your senior.
4. Get your flu shot! You can't afford to be sick! Be sure you take care of yourself, including all preventive health care to keep you well.
5. Read a book of inspiration or new ideas; learn more about how to cope with your senior's specific disease such as Parkinson's, Alzheimer's, cancer, etc.
6. Join a support group! Learn from others who walk in your shoes and then help someone else cope!
7. Maintain balance between your family, work and caregiving lives.
8. Deal with your emotions of anger, confusion, frustration and talk with others who can help you. Keep a journal to help release your emotions in private.
9. Check your senior loved one's finances to ensure they can cover their needs, seek advice from experts on how to make the money last.
10. *Stay positive – you are making a difference in the life of someone you love!*

We wish happiness and health to you and your senior loved one in the upcoming year!

Oh, and let us say it — Thank you!

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If I Can Stop One Heart From Breaking

Written by Emily Dickinson



If I can stop one heart from breaking,
I shall not live in vain;
If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin into his nest again,
I shall not live in vain.

Personalized memory care *in a real home*



Mom needs
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You've noticed Mom needs extra care...

Wouldn't it be great for her to be in a supportive and family-style atmosphere! Take advantage of our concept in long-term care, providing complete care for all stages of memory impairment resulting from various forms of dementia.

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of Baldwin City
ComfortCareks.com
785-594-2603



Caregiver support Group opportunities

If you are 60 and over, and a caregiver; or if you are caring for someone 60 and over—join others who are caregivers at one of these locations!

Anderson County Support Group

4th Monday of each month, 1-2PM

Park Plaza North Club House - 105 Park Place North, Garnett, KS

Facilitators: SEKMH & ECKAAA

Coffey County Coffee Chat

2nd Thursday of each month, 1-2PM

Burlington Public Library - 410 Juniatta Street, Burlington, KS

Facilitators: Crosswinds & ECKAAA

Franklin County Support Group

2nd Tuesday of each month, 2-3PM

East Central Kansas Agency on Aging - 117 South Main, Ottawa, KS

Facilitators: Diane Sadowski & ECKAAA

Miami County Support Group

3rd Tuesday of each month, 6-7PM

Elizabeth Layton Center - 2595 SW 327th St, Paola, KS

Facilitators: Barbara Cordts & ECKAAA

Osage County Support Group

4th Thursday of each month, 1-2PM

Osage City Library - 515 Main, Osage, KS

Facilitators: Crosswinds & ECKAAA

Mexican Train Dominoes

4th Tuesday of each month, 2-5PM

ECKAAA Conference Room - 117 South Main, Ottawa, KS

If you have questions about any of our caregiver activities - please call Shannon at 1-800-633-5621 OR 1-785-242-7200

Protect Yourself and Your Loved Ones

Needing information on how to protect yourself or your loved one from financial abuse, identity theft, or physical abuse and neglect?

The East Central Kansas Area Agency on Aging

has brochures, bookmarks, and tip sheets to help promote prevention strategies and to provide information on reporting measures.

We would be happy to present to your group or to provide you with some literature to use.

Call Leslea at 785-242-7200 or 1-800-633-5621.

In the Community . . .

Winter and Utilities



By Jennifer Garner

This past year flew right by us and we are entering the winter months of the year. This is the time-period where we all turn up the heaters, grab our blankets, and curl up on the couch to avoid the cold weather.

However, we all know that sometimes it is not as easy as it sounds. Life can be very busy, and staying active can help keep you warm in these colder months. Getting out of that warm bed first thing in the morning is the hardest challenge of them all! There is an increase in need for assistance with paying utilities, especially in the winter. I know that we all start turning on our space heaters and that usually racks up those utility bills. The East Central Kansas Area Agency on Aging can help with utility assistance for the counties of Anderson, Franklin, Osage, and Miami. Please give our agency enough time to help assist you with your bill, and avoid waiting until you receive a shut off notice from your utility company. For even faster service, please bring the appropriate information (listed below) to our agency so that we can assist you as best as we can. We are more than happy to help in any way that we can to keep each and everyone of you warm throughout the cold harsh winter months!

THE EAST CENTRAL KANSAS AREA AGENCY ON AGING

UTILITY ASSISTANCE ANDERSON, FRANKLIN AND MIAMI COUNTIES

WHAT DETERMINES ELIGIBILITY?

1. Must live in Anderson, Franklin Miami, or Osage County
2. Must be age 60 or over
- *3. Must provide proof of income for all household residents
4. Must provide current utility statement
5. Must not have received utility assistance from ECKAAA within last year

*** Proof of Income for all household residents required:**

- most recent bank statement
- social security statement
- W-2 if employed
- most recent tax return if filed within last two years

HOW TO APPLY:

1. Bring in copies of proof of income for all household residents- see above
2. Attach your current utility statement or a copy of the current statement with a number where you can be reached
3. Leave information for Jennifer or Sherry and you will receive a call concerning any co-pay that is due and the amount that will be paid on the bill
4. Payment will be made directly to the utility company-max \$75 or \$150 for utility bills (depending on the county) and 20% of total bill for propane whichever is more
5. Help is only provided one time per calendar year

FOR MORE INFORMATION CALL
242-7200 or 1-800-633-5621

This funding has been made available to ECKAAA by Anderson, Franklin, Miami and Osage County Aging Services Councils. The ECKAAA office is located at 117 South Main in Ottawa.

I also want to remind everyone as well that open enrollment for LIEAP will start January 16th 2018 and will run until March 31st 2018. I will once again have applications here in the office if you or someone you know is needing one. If you are like me and like to plan ahead here are the income guidelines for 2018 Eligibility for the program!

Persons Living at the Address	Maximum Gross Monthly Income
1	\$1,307
2	\$1,760
3	\$2,213
4	\$2,665
5	\$3,118
6	\$3,571
7	\$4,024
8	\$4,477
9	\$4,930
10	\$5,383
11	\$5,836
12	\$6,289
+1	Add \$453 for each additional person

Please remember that benefit levels vary according to the following:

- Household income
- Number of persons living at the address
- Type of dwelling
- Type of heating fuel

I hope that everyone has a safe, warm, and happy winter!!!



Some of the ECKAAA staff members gather for a holiday cookie exchange.

ADULT PROTECTIVE SERVICES ABUSE, NEGLECT, EXPLOITATION

1. In the Community - 800-922-5330
2. In Adult Care Home - 800-842-0078
3. In S.R.S. Facility - 800-221-7973



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Funded Under The Older Americans Act
Through The Kansas Department On Aging.

CAREGIVER CHAPEL

Saturday
February 17th
9:30AM-11:30AM

Ottawa University
Fredrikson Chapel



Fellowship and refreshments for heart, body and soul.

Caregivers offer scripture readings, we all make a joyful noise singing and sharing and Chaplain John Holzhter will share the message.

FOR MORE INFORMATION CALL
SHANNON OCSODY AT 785-242-7200



Money Matter\$

Ryan Henningsen
Financial Advisor
Edward Jones
www.edwardjones.com

FINANCIAL FOCUS

Can You Afford to Retire Early?

Some people dream of retiring early. Are you one of them? If so, you'll need to plan ahead – because a successful early retirement can't be achieved through last-minute moves.

So, if you're determined to retire early, consider taking the following steps:

- *Pick a date.* Early retirement means different things to different people. But it's important to pick an exact age, whether it is 60, 62, 64, or whatever, so you can build an appropriate retirement income strategy.

- *Think about your retirement lifestyle.* You may know that you want to retire early – but have you thought about what you want to do with your newfound time? Will you simply stay close to home and pursue your hobbies? Do you dream of spending two months each winter on a tropical island? Or are you thinking of opening your own small business or doing some consulting? Different retirement lifestyles can have vastly different price tags. Once you've envisioned your future, you can develop a saving and investment plan to help you get there.

- *Boost contributions to your retirement plans.* If you want to retire early, you may well need to accelerate your contributions to your retirement accounts, such as your IRA and your 401(k) or other employer-sponsored plan. You may need to cut back in other areas of your life to maximize the amounts you put into your retirement plans, but this sacrifice may be worth it to you.

- *Invest for growth.* Your investment strategy essentially should be based on three key factors: your goals, risk tolerance and time horizon. When you change any one of these variables, it will affect the others. So, if you shorten your time horizon by retiring early, you may well need to reconsider your risk tolerance. Specifically, you may need to accept a somewhat higher level of investment risk so you can invest for greater growth potential.

- *Keep a lid on your debt load.* It's easier said than done, but try to manage your debt load as tightly as possible. The lower your monthly debt payments, the more you can contribute to your retirement plans.

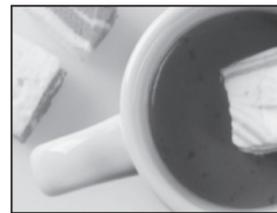
Life is unpredictable. Even if you take all the steps described above, you may still fall short of your goal of retiring early. While this may be somewhat disappointing, you might find that adding just a few more years of work can be beneficial to building resources for your chosen retirement lifestyle. For one thing, you can continue contributing to your IRA and your 401(k) or similar employer-sponsored plan.

Plus, if you're still working, you may be able to afford delaying your Social Security payments until you're closer to your "normal" retirement age, which, as defined by the Social Security Administration, likely will be 66 or 67. The longer you put off taking these benefits, the bigger your monthly checks, although they will max out once you reach 70.

And even if you are not able to retire early, some of the moves you took to reach that goal – such as contributing as much as you could afford to your IRA and 401(k), controlling your debts, and so on – may pay off for you during your retirement – whenever it begins.

Financial Advisor: This article is written by Edward Jones for use by your local Edward Jones Financial Advisor.

Hot Chocolate



INGREDIENTS

- 2 tablespoons unsweetened cocoa powder
- 1 to 2 tablespoons sugar (*depending on how sweet you like it*)
- Pinch of salt
- 1 cup milk or any combination of milk, half-and-half, or cream
- 1/4 teaspoon vanilla extract

PREPARATION

Whisk together the cocoa, sugar, salt, and about 2 tablespoons milk in a small saucepan over medium-low heat until cocoa and sugar are dissolved. Whisk in the rest of the milk and heat it over medium heat, whisking occasionally, until it is hot. Stir in the vanilla and serve. If you like it frothy, blend it in the blender.

This recipe multiplies easily. When you get up to a quart of milk, use 1/4 teaspoon salt.

Caregiver's Chat!

When: January 17th @ NOON

*Where: Mound City Library
 630 Main Street, Mound City, KS*

Join us at the Mound City Library to discuss the details of the upcoming Linn County Caregivers Support Group!

A free lunch will be provided on site.
 Please RSVP to Shannon Ocsody by January 12th: 785-242-7200



Students from Ottawa University sent stockings filled with gifts for our caregivers and clients.



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WHEN: MONTHLY MEETINGS

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Nutrition

It's been a busy time here at the Mid-America Nutrition Program. At the present time, we are working with both Costco and Walmart to sponsor the Ottawa Girl Scout Troop to deliver holiday gifts to our elderly homebound seniors. We additionally have been working with Jeremy Clevenger of Smoked Creations whom has agreed to donate 15% of total sales on Tuesday nights to our program. Lastly, Briggs Autos has agreed to donate a Subaru Outback to our program at the first of the year. We are still working on trying to get our roof paid for to preserve our equipment and food surplus from potential winter storm damage.



Angie Logan

On December 21st and 22nd, Mid America Nutrition in collaboration with the Girl Scouts of America delivered gifts to seniors in the communities of East Central Kansas. Thanks to sponsors like the Kansas City Chiefs, Costco, Walmart, Select Steel, Fashion Inc, and many more – this event was made possible.



Low Vision Support Group gathers for a holiday party in December.

6 Ways to Eat Well As You Get Older

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- Look for important nutrients**
Eat enough protein, fruits and vegetables, whole grains, low-fat dairy, and Vitamin D.
- Read nutrition labels**
Be a smart shopper! Find items that are lower in fat, added sugars, and sodium.
- Use recommended servings**
Learn the recommended daily servings for adults aged 60+ at heart.org
- Stay hydrated**
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- Stretch your food budget**
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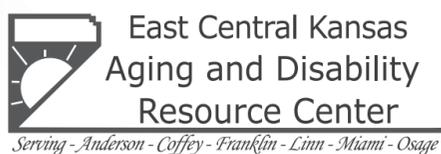
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Social Activity - One Key to Embracing Aging

Submitted by Franny Eastwood, Marais des Cygnes
District Family & Consumer Science Agent

Maintaining social activities and relationships throughout the lifespan is important to health and well-being. Engaged people are often healthier, happier, less depressed, and demonstrate enhanced brain vitality.

Social activity is good for a person regardless of who you are, how old you are, where you live, or what you do. Finding or creating connections is a key to social activity. Social connectedness includes relationships with family, friends, co-workers, and other people with whom you interact as you carry out daily activities such as your bankers, store clerks, and health-care providers. These may be people you consistently see or look forward to seeing, people with whom you have something in common, or people you trust. The types of activities that engage you socially are endless, but it is important to seek or create a meaningful activity. By engaging with people and participating in activities you enjoy, social activity can be easy, fun, and fulfilling. Examples of social activities include: Joining a community center, club, or committee, organizing or attending get-togethers with friends, family, or neighbors, going to a theater, movie, sporting event, or festival, traveling, eating out, volunteering, or taking classes.

Being social doesn't always mean you have to leave the house. Today it is easier than ever to stay connected through technology. Phone calls, emails, the Internet, typing letters, and even text or video messaging are all common avenues of immediate and easy-to-use communication. The Internet is available to multi-generations and provides endless information and opportunities that can stimulate the brain and create experiences for social activity.

It is important to know your personality and social preferences. For some, engaging in social activity is energizing, while others prefer their own inner thoughts and conversations. But some people struggle with social activity because they are depressed. In a case of depression, a person may feel like being alone, but social isolation can actually feed the depression. Even though it can be challenging, the benefits of seeking social activity, including one-on-one interaction with a close friend or even a therapist, are worth the effort and can help ease depressive symptoms. Here are some tips for staying connected to the world:

- Create a schedule. You are more likely to participate in things when events are scheduled in advance. Calendars and planning ahead eliminate the ease of saying "no" to a last-minute invitation, force you to create a manageable schedule, and take away the anxiety of thinking about what you are going to do.
- Participate in a support group. Support groups introduce you to others who may be facing similar challenges.
- Write down your social goals. Start small and be realistic. Perhaps a goal is to go the market and say "hi" to the greeter every Saturday or to call a relative or friend once a week.
- Take a class. Local community centers, schools/ colleges, Cooperative Extension offices, senior centers, and public health offices often offer a wide variety of classes on various topics and hobbies.
- Volunteer. You may only be one person in the world, but to one person you may mean the world

While being socially active is critical to health and well-being, everyone has limits on how much time can be spent socially engaged. It is acceptable and healthy to enjoy alone time because these opportunities help you to reflect on life's meaning. Engaging in meaningful social activity and establishing healthy lifestyle behaviors throughout your life will influence optimal aging.

Source: K-State Research and Extension.

What benefits are claimed for full-spectrum light sources?

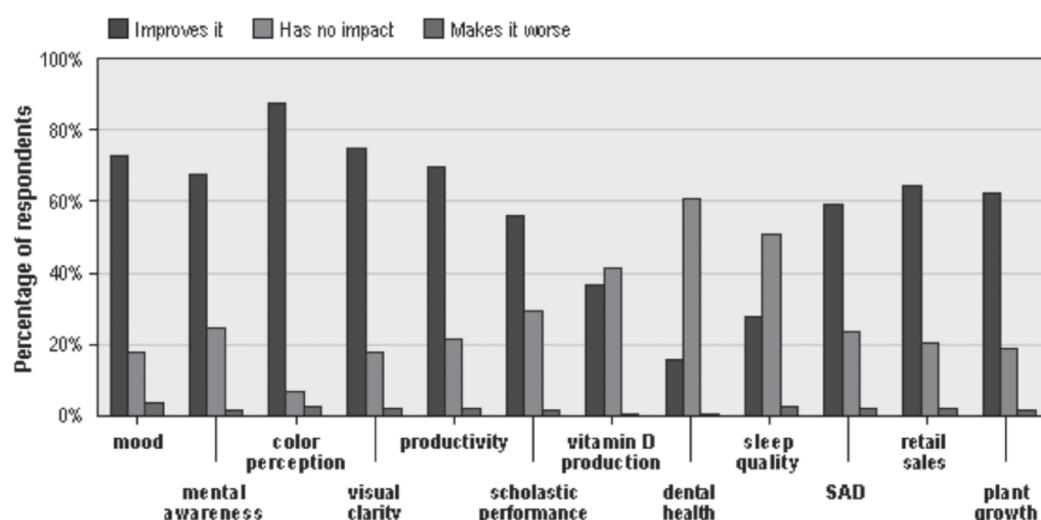
A fluorescent or incandescent lamp claimed to be full-spectrum can cost several times as much as one with a nearly identical spectral power distribution (SPD) that is not identified as full-spectrum. What benefits does a consumer get for that extra money? NLPPI reviewed the promotional claims for full-spectrum light sources from manufacturer and retailer web sites, and found a diversity of claimed benefits, including:

- Improves color perception
- Improves visual clarity
- Improves mood
- Improves productivity
- Improves mental awareness
- Improves retail sales
- Improves plant growth
- Improves results of light therapy in treating seasonal affective disorder (SAD)
- Improves results of light therapy for sleep disorders
- Improves scholastic performance of students
- Improves vitamin D synthesis in the body
- Reduces incidence of dental decay

In order to assess the impact of these manufacturer claims on the perceptions of lighting specifiers, NLPPI conducted an online survey in April 2003. A total of 252 lighting specifiers, including electrical contractors and facility managers were asked, "Compared to other types of lighting, please indicate how you think full-spectrum light sources impact the following..."

Figure 2 shows the results of the online survey.

Figure 2. Perceived benefits of full-spectrum light sources among lighting specifiers



Because some participants did not respond to all survey questions, the responses for each perceived benefit may not add up to 100%.

Overall, the survey respondents believed in most of the claimed benefits of full-spectrum light sources. For nine of the twelve potential benefits, more than 50 percent of the respondents believed that full-spectrum light sources have a positive effect. More people believed in a positive effect on color perception than any of the other potential benefits, with 86 percent responding positively. The least believed claim was improved dental health, with only 15 percent responding that full-spectrum light sources affected it positively. For all claimed benefits, less than 4 percent of the respondents believed that full-spectrum light sources actually had a negative impact.

As registrants of NLPPI's web site, the audience that participated in this survey probably has lighting technical knowledge greater than that of the average person, but similar to that of the typical lighting specifier. The results of this survey indicate that the marketing message from manufacturers of full-spectrum light sources appears to be getting through to its intended audience of lighting specifiers.

Retrieved from: <http://www.lrc.rpi.edu/programs/nlpip/lightinganswers/fullspectrum/benefits.asp>

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2018 Medicare Parts A & B Premiums and Deductibles

2018 Medicare Parts A & B Premiums and Deductibles

On November 17, 2017, the Centers for Medicare & Medicaid Services (CMS) released the 2018 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs.

Medicare Part B Premiums/Deductibles

Medicare Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment, and other items.

The standard monthly premium for Medicare Part B enrollees will be \$134 for 2018, the same amount as in 2017. However, a statutory “hold harmless” provision applies each year to about 70 percent of enrollees. For these enrollees, any increase in Part B premiums must be lower than the increase in their Social Security benefits. After several years of no or very small increases, Social Security benefits will increase by 2.0 percent in 2018 due to the Cost of Living adjustment. Therefore, some beneficiaries who were held harmless against Part B premiums increases in prior years will have a premium increase in 2018.

The 30 percent of all Part B enrollees who are not subject to the “hold harmless” provision will pay the full premium of \$134 per month in 2018. Part B enrollees who were held harmless in 2016 and 2017 will see an increase in the monthly Part B premium from the roughly \$109, on average, they paid in 2017. An estimated 42 percent of all Part B enrollees are subject to the hold harmless provision in 2018 but will pay the full monthly premium of \$134, because the increase in their Social Security benefit will be greater than or equal to an increase in their Part B premiums up to the full 2018 amount. About 28 percent of all Part B enrollees are subject to the hold harmless provision in 2018 and will pay less than the full monthly premium of \$134, because the increase in their Social Security benefit will not be large enough to cover the full Part B premium increase.

Medicare Part B enrollees not subject to the “hold harmless” provision include beneficiaries who do not receive Social Security benefits, those who enroll in Part B for the first time in 2018, those who are directly billed for their Part B premium, those who are dually eligible for Medicaid and have their premium paid by state Medicaid agencies, and those who pay an income-related premium. These groups represent approximately 30 percent of total Part B beneficiaries.

The annual deductible for all Medicare Part B beneficiaries will be \$183 in 2018, the same annual deductible in 2017. Premiums and deductibles for Medicare Advantage and Medicare Prescription Drug plans are already finalized and are unaffected by this announcement.

Since 2007, beneficiaries with higher incomes have paid higher Medicare Part B monthly premiums. These income-related monthly adjustment amounts (IRMAA) affect roughly 5 percent of people with Medicare Part B. Individuals affected by the IRMAA will be notified by letter from the Social Security Administration if their premiums are to be increased during 2018.

Medicare Part A Premiums/Deductibles

Medicare Part A covers inpatient hospital, skilled nursing facility, and some home health care services. About 99 percent of Medicare beneficiaries do not have a Part A premium since they have at least 40 quarters of Medicare-covered employment.

The Medicare Part A annual inpatient hospital deductible that beneficiaries pay when admitted to the hospital will be \$1,340 per benefit period in 2018, an increase of \$24 from \$1,316 in 2017. The Part A deductible covers beneficiaries’ share of costs for the first 60 days of Medicare-covered inpatient hospital care in a benefit period. Beneficiaries must pay a coinsurance amount of \$335 per day for the 61st through 90th day of a hospitalization (\$329 in 2017) in a benefit period and \$670 per day for lifetime reserve days (\$658 in 2017). For beneficiaries in skilled nursing facilities, the daily coinsurance for days 21 through 100 of extended care services in a benefit period will be \$167.50 in 2018 (\$164.50 in 2017).

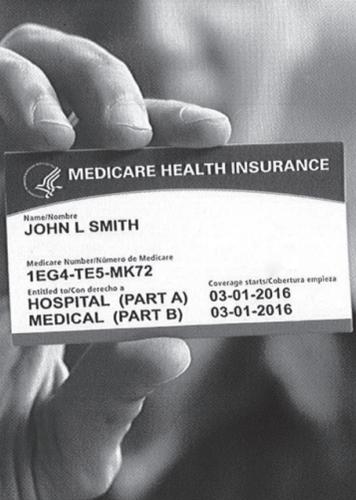
Part A Deductible and Coinsurance Amounts for Calendar Years 2017 and 2018 by Type of Cost Sharing

	2017	2018
Inpatient hospital deductible	\$1,316	\$1,340
Daily coinsurance for 61st-90th	Day 329	335
Daily coinsurance for lifetime reserve days	658	670
Skilled Nursing Facility coinsurance	164.50	167.50

Enrollees age 65 and over who have fewer than 40 quarters of coverage and certain persons with disabilities pay a monthly premium in order to voluntarily enroll in Medicare Part A. Individuals who had at least 30 quarters of coverage or were married to someone with at least 30 quarters of coverage may buy into Part A at a reduced monthly premium rate, which will be \$232 in 2018, a \$5 increase from 2017. Uninsured aged and certain individuals with disabilities who have exhausted other entitlement and who have less than 30 quarters of coverage will pay the full premium, which will be \$422 a month, a \$9 increase from 2017.

For more information on the 2018 Medicare Parts A and B premiums and deductibles (CMS-8065-N, CMS-8066-N, CMS-8067-N), please visit <https://www.federalregister.gov/public-inspection>.

You're Getting a New Medicare Card!



Medicare will mail new Medicare cards between April 2018 – April 2019. Your card will have a new Medicare Number instead of a Social Security Number.

Make sure your mailing address is up to date so you get your new card. Visit ssa.gov/myaccount or call 1-800-772-1213 (TTY: 1-800-325-0778) to correct your mailing address.

Visit Medicare.gov for the latest updates.

 CMS Product No. 12006 August 2017

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Going the Extra Mile

By Leslea Rockers



Thelma came in to the office with a bill from a physician’s group in Texas for services rendered when she went to the emergency room in May for a laceration on her leg. The bill was for \$1276. The name of the doctor and the hospital were not provided on the bill which immediately sent up a red flag. Upon further looking at the bill there was a notation that said the patient gave the physician insurance that would not

cover the service but there were two insurance payments listed on the bill. The patient has both Medicare A & B and a BCBS Medigap Plan F which pays 100% of any charges Medicare has been billed that are Medicare approved. Upon calling the billing service for the physician it was clear something was very wrong with the billing statement. There were three charges on the bill for repair to scalp lacerations, however, the patient was seen in the ER for a cut to her leg. When asked about those charges the representative on the phone indicated that if they

could not get Medicare to pay for the leg wound they would code it as a head wound to get them to pay.

This obviously was a false statement from someone hoping we did not know any better. She also said that Medicare had paid “a little” on each charge but more was needed and that is why there was a bill. She had no answer to give when I indicated that the bill stated Medicare would not pay the bill and that indeed they had denied a charge for \$2455.18. It was at this point that I decided to call Medicare directly to look into the bill. The Medicare claim representative helping me found that there was only an outstanding charge of \$59 left for the services and that was for medicine administered in the ER that Medicare does not cover. The \$2488.18 charge on the physician bill that was denied due to the fact that it had already been paid through the bill the hospital had submitted to Medicare and BCBS. The Medicare representative decided to send out an Explanation of Benefits form to the patient for the date of service earlier than would be required. Once we received that form we sent a copy attached to the physician bill to the physician’s group indicating all bills for physician services had been paid and Thelma would not be paying any other bills. We also established a myMedicare account so that Thelma can look at any claims billed to and processed by Medicare as they occur so she does not have to wait for the quarterly Explanation of Benefits to come.

CDDO Corner

Amber Vogeler

Community Development Disability Organization

Serving Coffey, Osage, and Franklin Counties

117 S. Main - Ottawa, KS 66067

(785) 242-7200 - fax: (785) 242-7202

The Community Developmental Disability Organization (CDDO) is an agency that helps a person with Intellectual and/or Developmental Disabilities (IDD) get services that are funded by State and Federal money. An application must first be turned in and the CDDO will determine if you meet the criteria for services based on what the State of Kansas has established. Once eligibility has been met, the CDDO will contact you to complete a functional assessment, formerly known as BASIS, to determine the level of support you need for services.

In fiscal year 2017 (June 1st, 2016 -July 31st, 2017) we completed a total of 254 functional assessments for the IDD waiver in East Central Kansas. Coffey County had 63 assessments, Franklin County had 107 assessments, and Osage County had 84 assessments. These assessments include demographic information, health profiles, medical conditions, medication level of support, mobility needs, adaptive needs, motor control, cognitive ability, communication ability, behavior frequencies, and selfcare.

The functional assessments are completed by the person applying for services, the guardian, the Targeted Case Manager, and the CDDO Assessor. The Assessors are trained on how to score the functional assessment to best reflect the person's level of need in daily living. The training is extensive and is completed every year. Assessors are expected to maintain the highest level of professionalism and offer insight to available services in the ECK area.

Currently, the CDDO has three assessors: Ginger Acker, Amber Vogeler, and Casey Hanf. Ginger has worked for the Area Agency on Aging (AAA) since 2009. The CDDO became an entity of the AAA in 2015. Ginger stepped up to become a dual assessor shortly after. I, Amber, began working with the CDDO in late 2015 and began completing assessments in mid 2016. Casey is the newest higher, 2017, and has been completing the assessments since mid 2017. The CDDO is currently working with another individual who is going to begin training the first of the new year. Stephanie Skedel is a former IDD Targeted Case Manager who recently accepted a case manager position with the AAA. We are excited for her to join the CDDO team, and look forward to her bringing new ideas and a new face to the CDDO.

The IDD world is not small. Mostly, people hear about providers and case managers and the exceptional work they do. This article is not to take away from them, but only to give credit to those working behind the scenes. On a daily basis, the CDDO does not interact with consumers as often as providers or the case managers. We are here to provide oversight, to offer options, and to act as a mediator in the application process. We are very hands-on with the paper trail. This article is to simply thank all of those people that work behind the scenes and who do not often get recognized for the daily hard work that is completed.

So, thank you. Thank you to the CDDO assessors who have to manage two very different jobs on the same day. Thank you to the guardians and family members who care enough for those with IDD to help them live as normal lives as possible. Thank you to the Targeted Case Managers who often work throughout the night to comfort or care for consumers. Thank you to the support professionals in day and residential services who spend countless hours bathing, feeding, and cleaning those who can't quite do it independently. And lastly, thank you, to the community members who support our consumers in the community with a simple smile or a quick hello. That small act of kindness can make a world of difference to a person with IDD. Thank you.

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Social Security Disability Benefits For Seniors

By Alexandra R. English

There are three main types of Social Security Benefits an individual can qualify for on his/her own. Benefits an individual might receive from another's work record, such as widow's benefits, are not included in this discussion.

1) SSDI – Social Security Disability Insurance Benefits: When someone is disabled and unable to work but has previously worked for at least 40 quarters, that individual may apply for SSDI. If approved, a monthly disability award is paid to that person based on the amount of Social Security taxes he or she paid into the system while working. For example, someone who was working as a pharmacist for 20 years before becoming disabled would receive a much higher SSDI benefit than someone who worked as a bus driver for 20 years before becoming disabled. SSDI is a federal social security benefit. Individuals on SSDI qualify for Medicare within 1 year of being approved.

2) SSI – Supplemental Security Income: When an individual is disabled and unable to work but has not previously worked for at least 40 quarters and has no other assets or income, that individual may apply for SSI. If approved, a monthly disability award is paid to that individual for an amount no higher than \$721 per month. SSI is a benefit paid only to low income individuals. For many low income Americans, receiving SSI is the difference between living on the streets and having enough money for a small apartment. Depending on a family's household income, disabled children are also eligible for SSI. SSI is a federal social security benefit administered through the state. Individuals on SSI qualify for Medicaid immediately upon being approved. SSI benefits typically last for life, as most individuals needing SSI are not eligible for Social Security Retirement Benefits.

3) Social Security Retirement Benefits: At age 66, an individual qualifies for full retirement benefits based on his or her previous work record. Similar to Social Security Disability Income, the more Social Security taxes an individual paid into the system while working, the higher that individual's retirement benefits are. These retirement benefits do not terminate until death. SSDI is a federal social security benefit. Upon turning 65, individuals automatically receive Medicare Part A, regardless of whether they are already receiving Social Security Retirement Benefits.

For many seniors who are not yet 66 years old, but who would consider themselves disabled and unable to work, applying for SSDI or SSI is the best option for receiving a steady income. The disability application process can be grueling, however. In order to receive SSDI or SSI, you must meet a disability listing. A disability listing is a category of disability. You can find the Social Security Administration's listing categories here: <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>. Examples of disabilities that could easily be approved for SSDI or SSI include cardiovascular, musculoskeletal, or mental disorders. If you are older you do not necessarily have to meet a listing. Age, education, and past relevant work can also be considered when determining your eligibility. A 60 year old with a disability has a better chance of being approved for disability benefits than a 30 year old with the same disability. Accordingly, if you are a senior who is under age 66, and believe you are too sick or disabled to work, you should consider applying for disability.

At age 62 you have the option of taking early retirement benefits. However, anyone who chooses to take early retirement benefits will receive a reduction in retirement benefits. For example, if you choose to take early retirement at age 63, you may only receive \$1,000 per month for the rest of your life, whereas if you waited

to take your full retirement benefits at age 66 you would receive \$1,300 per month for the rest of your life. Therefore, you can see how beneficial it would be, if you are disabled, to receive SSDI benefits until you reach the age of 66 when you can start collecting your full retirement benefit, which is higher than the amount you can receive on disability. You cannot receive both SSDI benefits and Social Security Retirement Benefits at the same time.

Upon initial application, many disability requests are denied. You only have 60 days to appeal that decision. If you do not already have an attorney to handle your disability case prior to this point, you will want to find one to assist you with your appeal. Because deadlines are so short, you should contact an attorney right away. Some disability attorneys will take your case on a contingency fee basis, which means that if you do not win your disability claim, the attorney does not get paid and you do not owe that attorney any money. However, if you do win and get a back-award (the amount owed to you from the date you first applied for disability, had it been awarded immediately), that attorney will get a portion of your back-award.

The appeal process is daunting and complex. You must make sure that you have been seeing a doctor regularly to document your disability. If you appear at your disability hearing without any medical evidence, the administrative law judge will not be able to approve your disability. You will also be required to testify at your hearing, and the judge will use your credibility as evidence. If you appear to be lying, if you have refused medical treatments, or if you are currently dependent on drugs or alcohol, your claim will likely be denied. These are all things that your disability attorney should discuss with you.

Kansas Legal Services handles both SSDI and SSI appeals. If you believe you are suffering from a disability that prevents you from working, you can apply for our services by calling 1-800-723-6953. For more information about SSI and SSDI benefits and to submit your initial application, you can visit the Social Security Administration's website at: <http://www.socialsecurity.gov/disabilityssi/apply.html>.

CONSUMER ASSISTANCE

To report suspected Medicare fraud: - **800-876-3160**

For info about Medicaid, call the Department for Children & Families - **888-369-4777**

For no-cost mediation regarding problems with Medicare Providers, call the Kansas Foundation for Medical Care (KFMC) **800-432-0407**

KU Med Center Pain Management Hotline: **913-588-3692**

Centers for Medicare/Medicaid Services (CMS) Website: **www.medicare.gov/nhcompare/home.asp**

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EQUAL HOUSING LENDER

New technology for old age

NO MATTER HOW much lifespans are being stretched, the very last chapter is often grim. From the age of 80, in the rich world one person in five will be afflicted with some form of dementia, one in four will suffer from vision loss and four in five will develop hearing problems. Of those who make it to 90, the majority will have at least one health problem that counts as a disability; many will have multiple ones. Unfairly, for poorer and less well-educated people this decline often starts sooner.

In former times, the old used to spend this final, increasingly dependent phase at home, looked after by relatives. Over the past century, as aging in the rich world became medicalized, care for the elderly was outsourced to retirement or nursing homes (a model that emerging economy such as China are now beginning to copy). But most old people do not want to live in institutions for long periods, and the cost of such care is exorbitant. So, the new buzz phrase is “aging in place”.

That is mostly a good thing, but it does carry risks of its own. An old person’s home may be his castle, but if he suffers from bad balance or tends to leave the cooker on, it can become a death trap. Another risk is that the shift will undo the progress in gender equality made in the past few decades. Having to care for elderly family members is already a prime reason for women to drop out of work. Just as women have tended to leave their jobs to care for new babies in their 30s, a second “hole in the pipeline” is appearing around the age of 50. There is no reason why men could not provide such care, but typically it is women who are doing it—though by the age of 75 men in rich countries become much more likely to do their bit, usually for a spouse.

Technology holds great promise to make life better for the elderly, enabling them to retain their independence and live full lives for longer. Equally important, it can lend a helping hand to those who care for them and provide peace of mind. And it should be good for health and care funders because it helps prevent expensive spells in hospitals and care homes. The difficulty lies in deciding who pays. Much of the technology that can improve the last stage of life already exists, but the uncertainty over funding discourages inventors from pursuing good ideas and venture capitalists from investing in them.

Oddly enough, the greatest potential for improving the lives of the elderly lies in technology built for the young. Two broad developments that seem a perfect fit for the lives of millennials—the smart home and the on-demand economy—might well have an even bigger impact on old people.

At first sight, Dolf Honée’s tidy brownstone looks like any other house in a sleepy residential street in Oostvoorne, a town west of Rotterdam, in the Netherlands. But a set of eight sensors from Sensara, a tech company, have transformed the 87-year-old’s home into a cyber-castle. His children, all in their 50s, keep an eye on when he gets out of bed, goes to the toilet, has a meal or leaves the house, using an app that pings them if anything is wrong. “They’re always watching me,” jokes Mr. Honée, but he feels safer, he says “without feeling spied on as with cameras.”

The little things than can cause big trouble

Such a fairly basic version of a smart home can make a big difference to the growing number of older people who live alone and wish to stay where they are. Reinout Engelberts, of Sensara, thinks the main value of such systems is “catching little things before they become big discomforts and big costs for the provider”. Increased toilet visits can flag up a urinary-tract infection; changes in gait can predict an impending fall, the leading cause of death from injury among older adults. By picking up such things early, the algorithms can alert the elderly or their caregivers to the need for simple interventions.

So far, most elders experimenting with smart homes or wearables use only basic tools: sensors in their home or a monitor around their wrist. But it does not take much to imagine a home where the occupant’s sleep is monitored via a device in his ear, his fridge suggests what he might eat, based on information from other monitoring devices, and a pill dispenser can give him tailored medication. A smart stove switches itself off if it detects a fire hazard, and smart pipes turn off a tap left running. When the doorbell rings, his smart watch tells him who has arrived. All the while these data are mined for information that might be useful for caregivers.

Most of the technology needed to do all this already exists, at least in prototype form. The hard part is getting providers to pay for it. In the Netherlands five insurers now reimburse users for Sensara’s sensors and the company is in talks with others, including the health ministry. Other insurers are experimenting with reimbursements on wearables. But on the whole providers are still reluctant to pay for a gizmo today that might prevent a hip fracture and hospitalization tomorrow.

One reason for optimism is that the cost of such consumer products is coming down. Amazon’s Echo, a voice-controlled digital assistant, answers questions, reads the news, can phone relatives and control other smart devices such as lights, thermostats and the television on demand. August’s smart lock keeps track of comings and goings in a home and allows doors to be opened or locked remotely. Such gadgets were conceived with young consumers in mind, but could be even more useful for older people.

In a mock-up of the connected home of the future in Framingham, near Boston, Philips, a health-technology company, displays both its own smart medical devices and the high-street kind. It aims to bring all of them together and crunch the data with its predictive analytics tools. One floor up, in a blast from the past, phones ring in the call center for Philips Lifeline, an alarm system used by 750,000 elderly Americans that features a pendant with an emergency button. Occasionally a life is saved this way, but many calls are set off accidentally. Such pendants now seem pretty standard stuff, but they did persuade a generation that grew up offline to adopt wearables for the first time. For their children, it should be an easier sell.

“Facebook may have been built for kids who spend all day together in

the classroom, but the elderly, who could otherwise become isolated, stand to benefit most,” says Katy Fike, from Aging2.0, an innovation platform. Encouragingly, over a third of Americans over 65 use social media and 64% of those between 50 and 65 do, according to Pew Research. Europeans are a bit behind, but the trends are similar.

Technological elves

The other great opportunity is on-demand services. Cars, grocery deliveries, handymen and concierge doctors at the swipe of a smartphone could all be a boon to older people. Boomers are already familiar with these services, so once they become less mobile they will just use them more. Lyft, a ride-hailing service, is already trying to recruit older customers by offering senior-friendly ways to book without a smartphone. Trials have shown that on-demand ride shares can reduce lateness and no-shows for medical appointments.

On-demand care services could make an even bigger difference. Traditional care companies are inflexible, typically insisting on advance booking in blocks of so many hours. Seth Sternberg, a former Google employee, got so frustrated with this that he launched Honor, a tech-enabled care company through which care takers can be booked round the clock, via an app, on a pay-as-you-go basis for whatever time is required. The company has raised \$65m in venture capital and operates in 12 American cities. Other entrepreneurs are looking at on-demand nurses and light help in and around the house. Such services would not only make it easier for elderly people to stay in their homes, but also provide work for the younger old looking for gigs. The challenge will be to make the economics stack up.

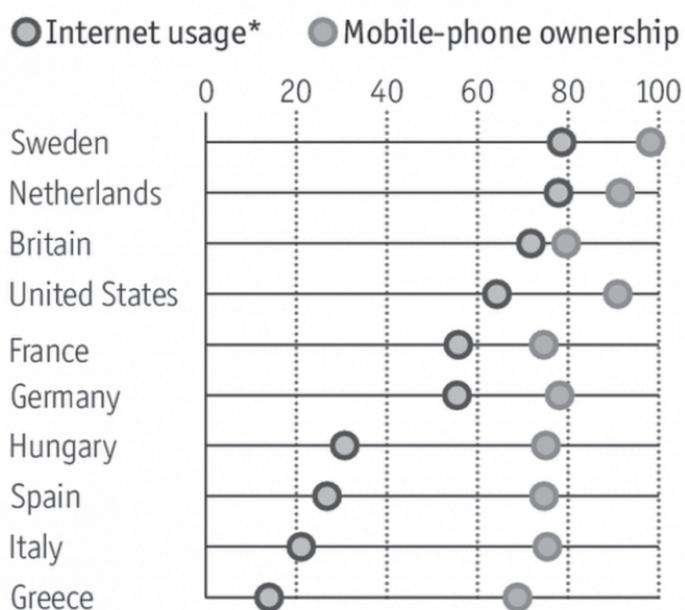
Demand for this kind of technology will only increase as populations age, but unless funding mechanisms can be found, it will be available only to those who can pay for it outright, thus increasing inequality. In future doctors might prescribe all kinds of preventive technology-based services for older people at risk, just as they prescribe preventive pills today. Government may well have a role in this, but the obvious funders are insurance companies: they, too, have much to gain from prevention.

Encouragingly, in every center for seniors visited for this report, from New York to Seoul, the most popular classes were in the use of smartphones and tablets, often sponsored by telecoms companies who spotted an opportunity. If insurers and health-care providers do not come up with a funding model, tech and telecoms companies may eat their lunch.

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How tech-savvy?

Technology adoption by over-65s, % of total



Sources: OECD; Pew Research Centre; Eurobarometer

*65- to 74-year-olds

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The Golden Years

Published by:

East Central Kansas Aging
and Disability Resource Center

Elizabeth Maxwell,
Executive Director

Jasmine Anderson, Editor

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