

# NEW HORIZONS

## York County Area Agency on Aging

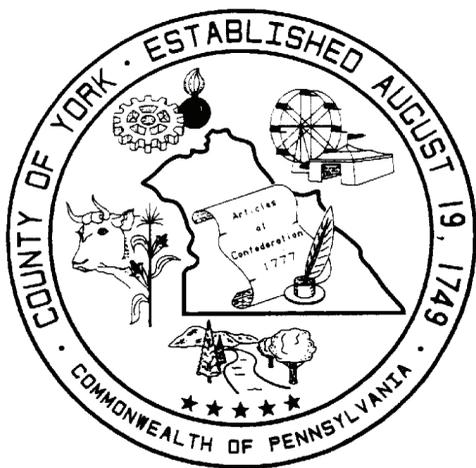
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## Keep Your Eyes on the Calendar

Time passes by so quickly. One day the calendar shows the beginning of summer, with vacations and family outings in the plans, and then before we know it, Labor Day has come and gone and the Fall season with the change in weather will soon be arriving.

Medicare beneficiaries have a very good reason to keep their eyes on the calendar this time of year, as Medicare annual enrollment for 2013 is just around the corner. Once a year, between October 15 and December 7, Medicare beneficiaries have a chance to change from their current plan to a different plan that will be effective January 1, 2013.

The Medicare Annual Enrollment Period (AEP), impacts both Medicare Advantage Health plans and Medicare Part D prescription drug plans. If you have one of these plans and want to change to a different plan, the Medicare AEP is the one time during the year when you can do that. So do not miss the deadline!

If you already have a Medicare Part D Prescription Drug plan or a Medicare Advantage Health plan, this is your time to look back over the year and make a decision about your coverage for next year. Should you stay with your existing coverage or make a change? Here is your opportunity to decide. If you make no decision, you will remain in the same plan as you elected this year. If you do not enroll during this enrollment period, your next chance for coverage is January 2014.

It's important to keep in mind that plans are annual plans only and can and often do change coverage and costs in the new calendar year. Insurance companies have the option of:

- Renewing a plan for the following year
- Discontinuing a plan
- Renewing but making changes to plan benefits.
- Renewing but making changes to the monthly premium

This is why it's vitally important to take the time to review your plan documents and compare available 2013 plans. Carefully read the 'Annual Notice of Benefits' that your plan will send you by the end of September.

**You should not assume your plan will cover the same things it did last year and not for the same costs.**

To prepare for the Medicare Annual Enrollment Period, it is a good idea

to review your health care needs and current coverage. Consider these questions:

- Has your health care status changed in any way that might require more or different care?
- Does your current plan cover all of the services that you use?
- Are you comfortable with the current plan premiums, deductibles, co-pays and co-insurance?
- Are you paying for services you don't need or use?
- What changes in coverage and costs has your current plan announced for 2013?

It is also important to consider the type of Medicare coverage that will best meet your needs. How do you want to receive your Medicare benefits? Prescription Drug Plan? Medicare Advantage Health Plan? Original Medicare?

### Important Steps to Take:

- Make a list of the drugs you take and the pharmacy, doctors, and health-care providers you prefer to use.
- Talk to your health care providers and confirm that they will continue to participate with your plan in 2013.
- Carefully review the information your plan mails you this fall. You should get this information by September 30. Make sure you understand the costs of the plan and the coverage for the new year.
- Check out the other plans in your area. See if another plan can cover your drugs at a lower cost or with fewer restrictions, or meets your health needs if you are in or considering a Medicare Advantage plan.

There are many plans to choose from in your area. Medicare.gov has the best web-based tool, Medicare Plan Finder, to help you narrow your search. You can compare the different plans and decide which one is best for you.

Still having trouble? Get help from an APPRISE Counselor. **APPRISE can also help you compare plans at one of the scheduled Enrollment Events listed on page eight.**

# From the Director

Dear Reader,

You may have noticed that this issue was delivered a little later than expected and that the layout is different as well. The changes are a result of the agency's review of expenditures, and our plan for reduction of overall operating costs. As a primarily government funded agency, we are challenged to provide the same services, to more people, with less money. Not easy, but we are taking this opportunity to look at every dollar we spend and determine how to stretch it a little further.

Each issue of *New Horizons* costs almost \$10,000 to publish and distribute. Some of those costs are defrayed by advertising and donations, but most costs come out of our general budget. We can save almost \$20,000 per year by reducing the number of issues from six to four. That savings will pay for almost 6,000 meals in a senior center or about 1,100 hours of in-home care for an older adult. We think it is a good choice.

Additionally, our savings will be greater if we can reduce the mailing costs of the remaining four issues. We could use your help doing this. Do you receive more than one copy of this newspaper? Is the person the paper is addressed to no longer living at that address? Do you regularly use the

internet and are able to read the paper online through our website? If so, please call the agency at 717-771-9610 or 1-800-632-9073 and ask us to remove the address from our mailing list.

Not all of the newspapers are distributed by mail. We are fortunate to have volunteer drivers who deliver larger numbers of newspapers to locations where many people have access to them; doctor's offices, businesses, residential facilities. We are looking to expand deliveries to apartment buildings where a bulk delivery to the lobby would replace mailings to individual apartments. That may not be convenient for some individuals, but could generate significant postage savings.

Reviewing costs associated with our newspaper is only one of the ways we are trying to save on expenses. We are looking at every program and activity to see whether we can be more efficient or do with a little less. Much like we do with our own households, we combine trips to reduce fuel use and maximize time. We are reminded to think twice before printing or copying, and only order supplies that are critical. Staff has all taken on additional work that results from our choice not to fill most positions as they become vacant. We

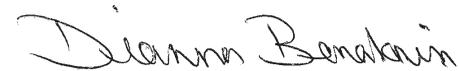
are trying our best to make sure that the funds provide as much actual service for older adults as possible. Although the advice is more than 200 years old, Ben Franklin was right on target when he said, "Beware of little expenses; a small leak will sink a great ship". We intend to make sure our ship keeps floating.

You can expect to receive your next issue in early December, as winter approaches. But in the meantime, there is milder weather and promises of sunny days and colorful leaves. Now is the time to make sure you are connected with a hearty youth to help rake leaves and shovel snow. Our "Rent-A-Kid" program connects seniors with youth in their neighborhood to help with household tasks at a reasonable hourly rate. Call our office to receive information on youth available in your area.

It's also not too early to think about your flu shot and Medicare open enrollment. There is information on both in this issue.

I hope to see many of you on September 19<sup>th</sup> at the Falls Free York falls prevention activities during the 50plus EXPO at the York Expo Center. Stop by for a free fall risk screening and learn how to make your home fall proof. Falls are not a normal part of aging, but are the leading cause of injury and death among seniors.

Even though you will receive this newspaper less frequently, you can access up-to-date information and calendar events on our website at [www.ycaaa.org](http://www.ycaaa.org). Please stay in touch. We are saving pennies to serve you better.



Dianna



## NEW HORIZONS

Published the first day of March, June, September and December

By

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### Mission Statement

York County Area Agency on Aging promotes the independence of older adults through education, advocacy, and coordination of community-based services. Our primary commitment is to deliver quality services to older adults with the greatest social or economic needs: as resources allow we may serve others with similar characteristics.

### Acceptance of Advertising

The advertisements in this newspaper are based on information supplied by the Advertisers. Inclusion in the newspaper does not imply endorsement of the product or service by YCAAA or the York County Commissioners, nor does exclusion imply disapproval. YCAAA accepts no responsibility for the quality of service provided by any organization listed.

### New Horizons Donation

The *New Horizons* is free to residents of York County, Pennsylvania. As publishing and postage costs continue to rise, donations are gladly accepted to offset the cost.

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Please mail this form and make donation to:

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**New Horizons**  
**100 West Market Street,**  
**York, PA 17401**

**Fall 2012**

Please notify YCAAA to discontinue your mailed issue.

## New Horizons' Changes

Thank you for your ongoing interest in the *New Horizons*! Beginning with the Fall 2012 issue, the *New Horizons* will now be published quarterly rather than bimonthly. In order to help us reduce postage costs, please notify us if you no longer wish to receive the *New Horizons* in the mail, can view it online at [www.ycaaa.org](http://www.ycaaa.org), or receive a duplicate copy at your address. A new change starting with the next issue will be anyone living in an apartment complex, assisted living or residential community setting which receives a bulk delivery will no longer receive an individual issue delivered by mail. Check with your manager for the location of your bulk delivery.

# Plan to Attend the Falls Prevention Activities on September 19th!

## **Falls Prevention Awareness “Standing Together to Prevent Falls”**

This year’s national falls prevention theme, “*Standing Together to Prevent Falls*”, seeks to unite professionals, older adults, caregivers, and family members to play a part in raising awareness and preventing falls in the older adult population. Locally in our community, the York County Area Agency on Aging and other community partners have joined together to form the Falls Free York Coalition. This group has been working together to increase awareness of falls and fall prevention.

In celebration of the Falls Prevention activities in September, the Falls Free York Coalition has joined with the 50plus EXPO to offer a FALLS FREE designated area, which will include an interactive day of education, screenings, and demonstrations during the annual 50plus EXPO on September 19<sup>th</sup>.

The Falls Free York area will emphasize the importance of preventing falls during this one day event. This event will be held at the York Expo Center, Memorial Hall East, on Wednesday, September 19 from 9:00 a.m. to 2:00 p.m.

## **Falls Prevention Activities at the 50plus Senior EXPO will include:**

- Bathroom hazards and solutions
- Lighting options and safety precautions
- Medication review for fall risk (bring your medications or list of medications, including over the counter medications)
- Gait and balance screening
- Cane/walker safety checks
- Physical fitness programs on Wii systems
- ‘Sloppy Slipper Swap’ – exchange old and unsafe footwear for one safety product (limit one per person)
- Portable ramp demonstrating proper ramp height
- Chair lift demonstrations
- Current resources for fall risk awareness and prevention



Please Join Us For This **FREE** Event!

# 10th Annual 50plus EXPO

## YORK COUNTY

### Sept. 19, 2012

9 a.m. – 2 p.m.

York Expo Center • Memorial Hall – East  
334 Carlisle Avenue, York

- ★ Exhibitors
- ★ Seminars
- ★ Health Screenings
- New! ★ Fall Prevention Area
- ★ Entertainment
- ★ Door Prizes

**50plusExpoPA.com**

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# Myths of Older Adult Falls

Falling is a normal part of aging. The truth is it is not. Most falls can be prevented - you have the power to reduce your risk. Exercising, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

So, what are the ‘myths of older adult falls’:  
**Myth 1: Falling happens to other people, not to me.** Many people think, “It won’t happen to me.” But the truth is that 1 in 3 older adults (about 12 million) fall every year in the U.S.

**Myth 2: Falling is something normal that happens as you get older.** Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked and making your living environment safer are all steps you can take to prevent a fall.

**Myth 3: If I limit my activity, I won’t fall.** Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

**Myth 4: As long as I stay at home, I can avoid falling.** Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards

such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

**Myth 5: Muscle strength and flexibility can’t be regained.** While we do lose muscle as we age, exercise can partially restore strength and flexibility. It’s never too late to start an exercise program. Even if you have been a “couch potato” your whole life, becoming active now will benefit you in many ways--including protection from falls.

**Myth 6: Taking medication doesn’t increase my risk of falling.** Taking medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health care provider about potential side effects or interactions of your medications.

**Myth 7: I don’t need to get my vision checked every year.** Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eye-glasses. For those with low vision there are programs and assistive devices that can

help. Ask your optometrist for a referral.

**Myth 8: Using a walker or cane will make me more dependent.** Walking aids are very important in helping many older adults maintain or improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

**Myth 9: I don’t need to talk to family members or my health care provider if I’m concerned about my risk of falling. I don’t want to alarm them, and I want to keep my independence.**

Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling.

**Myth 10: I don’t need to talk to my parent, spouse, or other older adult if I’m concerned about their risk of falling. It will hurt their feelings, and it’s none of my business.** Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including removing hazards in the home, finding a fall prevention program in the community, or setting up a vision exam.

# It's Flu Season: Don't Delay

If you are 65 years of age or older, the flu prevention message for you this year is simple: Get a flu shot as soon as you can. The annual flu vaccine is recommended for everyone 6 months and older and is the first and best way to protect against the flu. Anyone can get the flu, but some people are at greater risk for serious flu-related complications, like pneumonia, that can lead to hospitalization and even death. This includes adults 65 years and older. This is because the body's ability to fight illness drops as you age. In fact, each year about 9 out of 10 flu-related deaths and more than 6 out of 10 flu-related hospital stays in the United States occur in people 65 years and older.

According to the Centers for Disease

Control and Prevention (CDC), flu vaccine supplies are plentiful, but you should get a flu shot as soon as vaccine is available by your health care provider, pharmacist, local clinic or other community resources. The timing of influenza outbreaks is unpredictable, and it takes about two weeks after vaccination for your body to develop protection against the flu.

You have several choices when it comes to your flu shot. You can either get a regular flu shot or a higher-dose option, Fluzone High-Dose, which is only available for people 65 years or older. The higher-dose flu shot is designed to elicit a stronger immune response but may cause more mild side effects than the regular shot. These mild side effects may include

pain where the shot was given, and rarely fever. Talk to your doctor about which option is best for you.

## Why Do I Need A Flu Shot Every Year?

A flu vaccine is needed every year because flu viruses are constantly changing. It's not unusual for new flu viruses to appear each year. The flu vaccine is formulated each year to keep up with the flu viruses as they change. Also, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time. Getting vaccinated each year provides the best protection against influenza throughout flu season.

## Flu Vaccine Option for Seniors 65+

Fluzone High-Dose is an influenza vaccine, designed specifically for people 65 years and older. Fluzone High-Dose is an injectable influenza vaccine made up of the 3 flu strains most likely to cause illness for that particular flu season. Fluzone High-Dose vaccines contain 4 times the amount of antigen (the part of the vaccine that prompts the body to make antibody) contained in regular flu shots. The additional antigen is intended to create a stronger immune response (more antibody) in the person getting the vaccine.

Human immune defenses become weaker with age, which places older people at greater risk of severe illness from influenza. Also, aging decreases the body's ability to have a good immune response after getting influenza vaccine. A higher dose of antigen in the vaccine is supposed to give older people a better immune response and therefore better protection against flu.

Fluzone High-Dose is approved for use in people 65 years of age and older. As with all flu vaccines, Fluzone High-Dose is not recommended for people who have had a severe reaction to the flu vaccine in the past.

The Center for Disease Control and Prevention (CDC), and the Advisory Committee on Immunization Practices (ACIP) recommends flu vaccination as the first and most important step in protecting against the flu, however, neither CDC nor ACIP is expressing a preference of one vaccine over another at this time.

It is recommended that all adults 65 and older have a discussion with their physician regarding this vaccine option. Fluzone High-Dose will be available at some physician offices and some retail locations.

## Where and When Should I Get My Flu Shot

Yearly flu vaccination has already begun in some locations in York County and will continue throughout the flu season, into December, January, and beyond.

The best place to start is to consult your physician to see if you can get a flu shot at the doctor's office. This is especially important if you are covered by a Medicare Advantage Health Plan. Some Advantage Plans require

that you get the shot from your primary care physician. Call your plan to confirm.

Today, there are many options for getting your flu shot besides the doctor's office. Shots are available at many grocery stores, pharmacies, and other retail outlets. Flu Shot Clinics will be offered at some York County Senior Centers. See below for those details.

## Flu Shots Available At Senior Centers

Flu Shots will be available at some Senior Centers in York County this year. Clinic dates are shown below along with specific pre-registration instructions by site. All sites will accept Medicare Part B. Bring your Medicare Card. Check with the site for acceptance of other insurance and costs.

### Delta Area Senior Center

5 Pendyrus Street, Suite 1, Delta  
**Tuesday, September 11**  
**9:00 AM - 11:00 AM**  
Pre-registration in NOT required.

### Northeastern Senior Community Center

Otterbein United Methodist Church  
131 Center Street, Mount Wolf  
**Friday, October 12**  
**9:00 AM - 11:00 AM**  
Pre-registration is NOT required.

### South Central York County Senior Center

150 East Main Street, New Freedom  
**Tuesday, October 2**  
**10:00 AM - 1:00 PM**  
Pre-registration is NOT required.

### Stewartstown Senior Center

26 South Main Street, Stewartstown  
**Wednesday, September 19**  
**10:00 AM - Noon**  
Pre-registration is required by September 12.

### White Rose Senior Center, Inc.

27 South Broad Street, York  
**Tuesday, November 13**  
**9:00 AM - 11:30 AM**  
Call 843-9704 to pre-register; walk-ins are also welcome.

### Windy Hill Senior Center, Inc.

50 North East Street, Spring Grove  
**Thursday, October 11**  
**10:00 AM - Noon**  
Pre-registration in NOT required.

### York Community S.E.N.I.O.R.S.

1251 West King Street, York  
**Thursday, October 4**  
**10:00 AM - Noon**  
Call 848-4417 to pre-register.

### Yorktown Senior Center

509 Pacific Avenue, York  
**Thursday, October 4**  
**9:00 AM - 11:30 AM**  
Call 854-0693 to pre-register.

# Stroke: The Stuff That You Need To Know

By: **Eliot Hu, MD**  
**Thomas Hart Family Practice**  
**York Hospital**



## What is it?

A stroke occurs when the blood going to your brain is interrupted or reduced, thereby causing the brain not to have nutrients and oxygen. This in turn causes brain cells to die. There are different categories of stroke, known as ischemic and hemorrhagic, and they describe how the stroke happens. Ischemic stroke occurs when the blood vessels to the brain are blocked and so the brain cannot get any more blood. Hemorrhagic stroke comes along when blood vessels burst and bleed, causing the brain not to get enough blood. A mini-stroke is a temporary block in the blood flowing to your brain that usually lasts minutes.

## What will I feel?

You may have stumbling, dizziness, slurred speech, trouble finding the right word to say, confusion, one-sided numbness or tingling, one-sided weakness, blurry vision, loss of vision, double vision, sudden headache, or vomiting. Sometimes you may not feel anything yourself and your family might notice these signs.

## What causes strokes?

Ischemic strokes are caused by blood clots known as thrombi that clog up the blood vessels leading to the brain.

Sometimes these blood clots form elsewhere, then break off and get stuck downstream in smaller blood vessels and are called emboli. These clots may be caused by high cholesterol levels or may be caused by an abnormal heart rhythm called atrial fibrillation. Hemorrhagic strokes are caused by bleeding in the blood vessels flowing to the brain. These strokes are the result of high blood pressure or weak areas in the blood vessels known as aneurysms. Sometimes bleeding can be the result of an abnormal tangle of blood vessels with thin walls, known as arteriovenous malformations. High blood pressure, diabetes, having had a stroke before, smoking, being overweight, having heart disease, high cholesterol, drinking alcohol, using illegal drugs, using birth control pills, taking estrogen, or just being older than 55 years old may increase your chance of having strokes.

## Why should I care about having a stroke?

If a stroke is not treated in a timely manner, you may end up with weakness, not being able to move your hands and feet, problems talking or swallowing, memory loss, confusion, trouble understanding words, pain, or you may end up in a state where you cannot bathe, eat, or walk without someone else helping you. You may also have changes in the way you act and talk to others.

## What do I tell my doctor?

The first thing to remember is when you started feeling different. Time is very

important in the treatment of stroke. Make sure you tell your doctor when you started feeling the signs of a stroke. You must call 911 or the local emergency telephone number immediately. If you notice someone else having a stroke, stay with that person until the ambulance arrives.

## How will my doctor know that I had a stroke?

Your doctor will examine you and order some blood tests. You will also receive multiple scans of your head. Usually, an ultrasound of your neck and heart will be done as well.

## How can I help to prevent stroke?

It's easy. Take your medications every day. Keeping your blood pressure and cholesterol controlled will help to prevent you from having a stroke. Do not smoke or drink alcohol or take illegal drugs. Keep your blood sugars under control if you have diabetes. Exercise regularly, lose weight, and eat a healthy and well-balanced diet. Sometimes, your doctor will reduce your risk of having a stroke by prescribing aspirin or Coumadin, but you should only take these medicines if your doctor recommends them, and then be sure that you take them only as directed.

## **"TAKE 3" ACTIONS TO FIGHT THE FLU**

The Centers for Disease Control and Prevention urges everyone to take the following actions to protect yourself and others from the flu:

### **Take time to get a flu shot.**

- Getting a yearly flu shot is the first and most important step in protecting against flu viruses.

### **Take everyday preventive actions to stop the spread of germs.**

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, stay at home for at least 24 hours after your fever is gone.
- While sick, limit contact with others as much as possible to keep from infecting them.

### **Take flu antiviral drugs if your doctor prescribes them.**

- If you get the flu, antiviral drugs can treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines and not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications.
- It's very important that antiviral drugs be used early (within the first 2 days of symptoms) to treat people who are very sick (such as those that are hospitalized) or people who are sick with flu symptoms and who are at increased risk of severe flu illness, such as pregnant women, young children, people 65 and older and people with certain chronic health conditions.
- Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

Source: CDC

( I HAVE )  
**trust in my  
homecare**

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# Preventing Medicare Fraud: The Senior Medicare Patrol

Did you know that over \$60 billion is lost to Medicare fraud and abuse each year? Money lost to fraud means increased premiums for beneficiaries, increased taxes for all of us, and less money available for programs that assist caregivers. In addition to the financial cost, there is a human cost. Health care fraud diminishes the quality of care received by older adults and can result in the denial of medically necessary treatment.



The U.S. Administration on Aging developed the Senior Medicare Patrol (SMP) to help consumers understand more about

health care fraud. Retired Medicare beneficiaries teach their peers about fraud and what they can do about it. The message is simple: **Protect** your personal information, know how to **Detect** fraud, and know where to **Report** fraud.

## What is Medicare Fraud and Abuse?

Fraud occurs when an individual or organization deliberately deceives others in order to gain some sort of unauthorized benefit. Medicare fraud generally involves billing for services that were never rendered or billing for a service at a higher rate than is actually justified. Health care abuse occurs when providers supply services or products that are medically unnecessary or that do not meet professional standards. It is important to note that not all health care providers participate in fraud; most health care professionals are honest, trustworthy, and responsible. The goal of this initiative is to weed out the few health care providers who operate with the intention of using Medicare as a pipeline to personal profit.

## Examples of Fraud

- Billing for services or supplies never provided.

*A woman finds a charge on her Medicare Summary Notice for a \$5,000 scooter that she never received.*

- Double billing or over billing for a service or supplies

*A man visits his doctor one time but Medicare is billed and pays for two visits.*

- Incorrectly reporting diagnoses, procedures, medications, or equipment to get a higher payment

*A Podiatrist clips patients' toenails but bills it as a toenail extraction.*

## Beware of Scammers

Unfortunately, due to common telephone, mail, and door-to-door solicitation scams, the above examples can happen without you ever having stepped inside a doctor's office. Scammers often use aggression and fear-based tactics to get what they want: your Medicare number. Con artists can use that number to submit false claims to Medicare and receive payment for a variety of services and supplies that you never received. Or, you may wind up with piles of supplies that you never ordered, don't want, and can't use. If you fall victim to this type of scam and give out your personal information, the effects can be far-reaching. It's important to note that your Medicare number is also your Social Security number, so *Medicare fraud and identity theft are two sides of the same coin.*

Since Medicare has limits on how many times they will pay for certain services and items, there is the risk that future claims submitted by legitimate providers will be denied, which means that you will have to pay out-of-pocket or go without a service or product that is medically necessary. For example, a senior who gives their Medicare number to an unsolicited caller later discovers that Medicare has been billed and has paid for a \$5000 scooter in her name. If that same beneficiary has a true medical need for a scooter in the future, Medicare may not pay, because

according to their records, she already has a scooter, and they've already paid for it.

## What Can You Do? Protect, Detect, Report

### PROTECT

- Treat your Medicare card like it is a credit card. Remember, your Medicare number is your social security number.
- Never give your Medicare number in exchange for "free" services or products. Unscrupulous providers and scammers will use your number to get reimbursed for products or services they never delivered.
- If someone calls you or comes to your door claiming to be from Medicare, remember that they never send representatives to your home. Medicare does not call you and ask for personal information.
- Be wary of any unsolicited callers or visitors asking for personal information. It's okay to hang up the phone or close the door.
- Never accept durable medical equipment or supplies from someone who calls you or comes to your door. If you need a piece of equipment, call your doctor first. Remember, if Medicare pays for something you don't need now, it may not pay for something you actually do need in the future.

### DETECT

- Use a health care journal or calendar to record all of your doctor's appointments, hospital stays, and what tests or X-rays are conducted.
- Check your quarterly Medicare Summary Notice and other medical statements carefully to make sure the services and details are correct.
- Compare your statements with your health care journal and make sure the charges match what you actually received.
- If you spend time in a hospital, make sure the admission date, discharge date, and services listed on your statement are correct.
- If you have internet access, log on to [www.MyMedicare.gov](http://www.MyMedicare.gov), where you can see your Medicare Summary Notices in real time.

### REPORT

- If you suspect Medicare fraud or abuse, call the Pennsylvania Senior Medicare Patrol at CARIE at 1-800-356-3606.

By: Jennifer Carmody, MSW  
Pennsylvania SMP, CARIE

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**YCAAA  
ADVISORY  
COUNCIL**



The next meeting of the York County Area Agency on Aging Advisory Council will be held on **Monday, October 15, at 12:30 PM at the York County Department of Emergency Services, 120 Davies Road, York.**

# PLANNING FOR THE COMMUNITY SPOUSE

**By: Robert Clofine, Esquire  
Certified Elder Law Attorney  
in York**

In 2006, I first wrote about the Deficit Reduction Act of 2005 (DRA). The DRA made significant changes to the Medicaid asset transfer rules and made it harder for some seniors to pay for long-term care. The most publicized part of the new law makes seniors ineligible for Medicaid nursing home benefits if they have given anything away in the 5 years before applying for Medicaid.

For sure, the DRA makes it more difficult for some to preserve assets if they enter a nursing home. When you file a Medicaid application, the caseworker will scrutinize all financial transactions that have occurred in the prior 5 years. If there are gifts of any kind, those gifts may make you ineligible for Medicaid. As such, all seniors must be cautious when making gifts and everyone should retain complete financial records for 5 years in the event they ever need to ask for nursing home Medicaid benefits.

The good news; however is that some gifts are not penalized and there are new planning opportunities that didn't exist under the old law. One new rule permits the spouse of a nursing home resident to retain a larger portion of the couple's

joint assets when their mate enters the nursing home. However, to capture the benefit of the new rules, proper timing and planning is required.

To explain how these rules work, let's consider an example. Assume your husband enters a nursing home, and your assets have been spent down to the level where the Medicaid program starts paying his nursing home bill. At this point, Pennsylvania says all of his monthly income, less a \$45 personal needs allowance, must be paid to the nursing home as his contribution to the cost of his care. Examples of income are social security and pension income. However, if you are still living in the community and your income is below the minimum maintenance allowance, you will get to retain all or a part of his income. The basic minimum "maintenance allowance" changes on July 1 of each year and is currently \$1,892 per month. This minimum is increased if your housing expenses are greater than certain standard allowances, with a current maximum maintenance allowance of \$2,841 per month.

Taking our example further, let's assume that your husband's income is \$1,900 per month, consisting of a \$700 pension and Social Security of \$1,200. Your income on the other hand is your Social Security of \$892 per month. Without the special spousal protections, your husband's income would go toward paying his nursing home bill and you would be stuck living on just your \$892 Social Security payment. However, since the "maintenance allowance" rules allow you income of at least \$1,892 per month, this means you get to keep at least \$1,000 of your husband's income. That

is, when the \$1,000 of your husband's income is combined with your \$892 Social Security, you have the \$1,892 minimum.

These income protections sound great. However, if we follow this one step further, we'll discover that there is a problem when the husband in our example dies. The problem is that his income often ends when he dies. That is, his pension will most likely end or be reduced, and his Social Security will also stop. While your Social Security may increase when your husband dies, after his death, your overall income is likely to be lower than the \$1,892 minimum. This is where the DRA's annuity rules come into play. If properly structured, the at-home spouse can use some of the couple's additional resources to purchase a special immediate annuity that will produce this \$1,000 each month for the rest of the at-home spouse's life.

Before even thinking about using the annuity, however, the at-home spouse should keep three things in mind. First, not every annuity will work. The annuity described in the DRA must meet very specific rules. Second, the guidelines issued by the Pennsylvania Department of Public Welfare which now allow such a strategy can change with little advance notice, so timing can be very important. Moreover, the purchase of such an annuity is often not advisable until the institutionalized spouse's nursing home stay has already occurred. Finally, through other planning techniques, many at-home spouses can keep everything without the need for an annuity. To navigate through this maze, you'll need experienced advisors.



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## **APPRISE**

APPRISE is Pennsylvania's State Health Insurance Assistance Program (SHIP) for Medicare beneficiaries. APPRISE

has been providing services to the community since 1992.

The state Department of Aging created APPRISE to help older adults understand their health insurance options so they can make informed decisions about their health care.

APPRISE is a public service. Counselors are not affiliated with any insurance company and do not sell insurance plans or policies. They are able to assist with:

- Benefits Provided under Medicare
- Original Medicare and Medicare Advantage Plan coverage options
- Medicare prescription drug coverage and tools to navigate the "Drug Plan Finder"
- Medicare Savings Program

- Medicare Preventive Services
- Supplemental Insurance/ Medigap Plans
- MyMedicare.gov and other technological tools

### **How can you connect with APPRISE?**

To get assistance from an APPRISE counselor in York County, call the APPRISE Help Desk at (717) 771-9008. This service is confidential and personalized at no cost. APPRISE counselors are available for one-on-one counseling sessions, both in-person or over the phone.

Counselors are specially trained to answer questions about Medicare, Medicare Advantage, Medicare prescription drug plans, Medicaid, Medigap, filing appeals, and preventive care. They explain benefits and rights under various health insurance programs and are essential in providing reliable, unbiased, and understandable information to people with Medicare. They also make presentations on Medicare to organizations.

# Medicare Annual Enrollment Period

## Help Will Be Available in Your Community during Annual Enrollment

- Do you need **help comparing** the available plans or **enrolling** in a different plan, or one for the first time?
- Would you like someone to review your situation and help you understand and determine if you are enrolled in the best Plan for you?
- Do you want to see if there may be a better Plan available for you?
- Are you continuing to have problems with your current Plan?
- Would you like assistance from a trained counselor who does not represent a specific plan or receive income from your enrollment in a specific plan?

**The APPRISE Program at the Area Agency on Aging will be offering one-to-one assistance by pre-scheduled appointments only during the upcoming Annual Enrollment at the following locations. To schedule an appointment, call the APPRISE Scheduling Line at (717) 771-9001.**

**Dallastown Area High School**  
700 New School Lane, Dallastown  
**November 5**  
**3:30 PM to 6:00 PM**

**Kennard-Dale High School**  
393 Main Street, Fawn Grove  
**November 8**  
**10:00 AM to 1:30 PM**

**Northeastern High School**  
300 High Street, Manchester  
**November 13**  
**1:00 PM to 4:00 PM**

**Red Lion Area High School**  
200 Horace Mann Avenue, Red Lion  
**October 30**  
**1:00 PM to 4:00 PM**

**South Western High School**  
200 Bowman Road, Hanover  
**October 24 & November 14**  
**4:00 PM to 6:30 PM**

**Spring Grove High School**  
1490 Roth's Church Road, Spring Grove  
**October 22 & November 27**  
**10:00 AM to 1:00 PM**

**West York High School**  
1800 Bannister Road, York  
**October 18 & November 7**  
**3:30 PM to 6:00 PM**

**York Suburban High School**  
1800 Hollywood Drive, York  
**October 17 & November 15**  
**4:00 PM to 7:00 PM**

**York County Area Agency on Aging**  
100 West Market Street, York  
**December 3 & December 5**  
**9:00 AM to 2:00 PM**

**West Shore School District**  
**Date and Location to be announced**

## IMPORTANT DATES

### Between September 16-30:

2013 Medicare & You handbook will be mailed to Medicare beneficiaries. You can request an e-version of the handbook through your MyMedicare.gov account or by contacting Medicare at 1-800-MEDICARE.

**By September 30:** All plans must mail their current members the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC). These notices tell members about any changes for the 2013 plan year. As always, you should carefully review these notices and make sure your current plan continues to best meet your needs.

**By September 30:** Employer/Union and other general health plans must provide all Medicare-eligible enrollees confirmation on whether or not their drug coverage is creditable.

**October 1:** Organizations are allowed to begin marketing their 2013 plans.

**By October 1:** Tentative date for 2013 plan data to be displayed on the Medicare Plan Finder.

**By October 2:** Plans that are not renewing their contract for 2013 or whose contract is terminated by CMS for 2013 must send their current

members a letter notifying them that their current coverage will end on December 31, 2012.

**By October 11:** Tentative date for plan Ratings go live on Medicare Plan Finder.

**October 15:** Annual Enrollment Period (AEP) begins. People with Medicare can make changes in their Medicare coverage by enrolling in a different Part D plan, changing from Medicare Advantage to Original Medicare, or vice versa.

**December 7:** Annual Enrollment Period (AEP) ends.

**January 1, 2013:** 2013 plan benefit period begins.

**January 1 to February 14, 2013:** Medicare Advantage Annual Disenrollment Period (MA ADP). During this time Medicare beneficiaries can only disenroll from a Medicare Advantage plan and go to Original Medicare. They cannot use the MA ADP to switch Medicare Advantage plans. They also will get a Part D Special Enrollment Period associated with the MA ADP to enroll in a Prescription Drug Plan (PDP), if they're interested.

## YOU WILL RECEIVE NOTIFICATION OF CHANGES IN YOUR PLAN

All Medicare Part D Prescription Drug plans and Medicare Advantage plans are required to send their enrollees an Annual Notice of Coverage (ANOC), that describes plan changes for the coming year, and the Evidence of Coverage (EOC), which includes comprehensive information about coverage and plan policies by September 30, 2012.

**Watch for this information in the mail and take time to carefully review the details.** Historically, almost every plan has modified its benefits package and/or cost structure each year, so you should not assume the 2012 plan would remain unchanged in 2013.

These documents will describe any changes in your current health and drug coverage and costs for 2013, including new formulary (the list of drugs that the plan will cover for 2013), pharmacy network changes, cost changes, and a summary of benefits.

Some people will learn that the Medicare Advantage plan or Part D plan they have in 2012 will no longer cover one or more of their prescriptions, or the amount they pay for premiums or co-pays will change in 2013.

Reading and understanding this information now will help avoid costly surprises later. People with Medicare may change plans during Medicare's Fall Open Enrollment period that begins October 15 and goes through December 7 with coverage effective January 1, 2013.

## 10 Costly Mistakes Medicare Beneficiaries May Face During Medicare Annual Enrollment Time

The plan that may have seemed perfect when you enrolled in it last year may not cover your needs in 2013. Medicare today offers many choices that require you to do your homework during the annual enrollment period to make sure you select the best health and drug coverage for you.

### Avoid making these ten costly mistakes:

#### 1. **Not paying attention to enrollment period deadlines:**

If you have a Medicare Advantage plan, or plan to enroll in one, you can change that plan once a year, every year, during the Annual Enrollment Period (AEP) that occurs from October 15 through December 7 annually. The same rules apply to stand-alone Medicare prescription drug plans. Don't miss this AEP or you may find yourself without the correct coverage for another full year.

#### 2. **Missing the fine print:**

Not reading the fine print in your annual plans Notice of Change about which benefits have changed and which have remained for your plan can be costly.

Every plan is required to send this notice by September 30<sup>th</sup>.

#### 3. **Going on auto pilot:**

Not doing anything and simply auto-enrolling in the same plan is a potential mistake. Many plans change cost and drug and health coverage annually. What worked last year for you may not work with the same plan this year and could cost you money in terms of higher prescription drug costs and other out-of-pocket expenses. Changes in medication usage can also change what plan offers you the best economic value. If you are currently enrolled in a plan and make no changes during AEP, you will remain enrolled in the same plan for another year.

#### 4. **Stable premiums = Stable coverage:**

Just because your Medicare Advantage or Part D monthly premium hasn't gone up doesn't mean that you are getting the same plan for the same price next year. Deductibles, co-pays and prescription drug coverage are just a few of the benefits that may have

changed. It is important to find out what the total out-of-pocket costs will be for this plan in the new year.

#### 5. **Not asking for help:**

There are many Medicare choices today. Not asking for help from qualified professionals in understanding and selecting a plan or using tools developed by Medicare to evaluate prescriptions, means you might not be getting the best plan. You can get help from the local APPRISE program located at the Area Agency on Aging by calling 717-771-9008; call Medicare 1-800-633-4227 or ask a loved one to assist you in using the Medicare Plan Finder tool on the Medicare website.

#### 6. **Enroll in the same plan as my husband, sister, or friend:**

Don't assume that the plan that your loved one enrolls in will be the best plan for you. It may work great for them, but that doesn't mean it is going to be the best plan for you. Each plan has varying coverage and drug formularies, so you will want to select your coverage based on the medications that you take and your individual health care needs.

#### 7. **Not getting a second opinion:**

By not shopping around and seeing what other plans are out there, you may be costing yourself more money in 2013. This is an important decision, so take the time to make the right choice and understand all of the options available for you in York County. Don't feel pressured into making an immediate decision on selecting your coverage. It is a good idea to ask a loved one or a trained APPRISE counselor to review the information with you before making a final decision.

#### 8. **Long-term care is covered:**

Don't assume nursing home care is a covered benefit – it is **not**. Medicare does not provide custodial care, personal care home, assisted living facility or long term care coverage. It may cover skilled care on a limited basis following a hospitalization.

#### 9. **My drugs are covered:**

Don't assume your doctor knows what is in your network or what prescriptions are in your plan formulary. You need to take charge and share you plan formulary with your health care providers before they prescribe medications for you.

#### 10. **Medigap has me covered:**

Don't assume Medigap plans will pay claims that Medicare won't. Medicare only pays for medically necessary claims. If Medicare doesn't pay, either because the service rendered is not "medically necessary" or a Medicare covered benefit, neither will the Medigap plan.

## Changes in 2013

### Medicare beneficiaries will find the following changes in Medicare in 2013:

#### Closing the Coverage Gap: 2013

**Donut Hole** In 2013, Medicare beneficiaries who reach the Coverage Gap (Donut Hole) will receive a 52.5% discount on brand name drugs and will get 21% coverage on generic drugs purchased.

#### Benzodiazepines and Barbiturates Are Covered

Effective January 1, 2013 Benzodiazepines and Barbiturates will be removed from the excluded drug list as Part D covered drugs. To be covered the Barbiturates must be used in the treatment of epilepsy, cancer or chronic mental health disorders only.

#### Part D Coverage in Long-Term Care Facilities

In 2013 Part D covered brand name drugs must be dispensed in increments of 14-days or less for beneficiaries who live in LTC facilities. There are some drug exceptions, such as antibiotics. Cost sharing cannot be more than the cost sharing for a 30 day fill.

#### Low Performing Medicare Plans

Part D drug plans and Medicare

Advantage health plans that have failed for three straight years to achieve at least a 3 Star quality rating are considered low performing plans. There are several changes for low performing plans in 2013.

- You will not be able to enroll in these plans online. You must contact the plan directly to enroll.
- Enrolled beneficiaries may use a special enrollment period to change to a higher quality plan. Enrolled beneficiaries will receive a letter from CMS.

These low performing plans are designated with a special icon on the Medicare Plan finder tool. The 2013 Medicare & You Book does not reflect updated ratings.

#### Dual Eligible Special Needs Plans (SNP)

Medicare Advantage Special Needs Plans, which are special plans for people who are eligible for both Medicare and Medicaid, may offer new supplemental benefits beginning January 1, 2013 at no additional cost. These services may include:

- Non-skilled in-home support services
- In-home food delivery
- Supports for caregivers
- Home assessments and modifications

# Make Your Vote Count!

Voters will be required to show an acceptable photo ID on Election Day this November. All photo IDs must contain an expiration date that is current, unless noted otherwise.

## Acceptable IDs include:

- Photo IDs issued by the U.S. Federal Government or the Commonwealth of Pennsylvania (including the Department of State Voter ID Card)
- PA Driver's License or Non-driver's License photo ID (IDs are valid for voting purposes 12 months past expiration date)
- Valid U.S. Passport
- U.S. Military ID - active duty and retired military (a military or veteran's ID must designate an expiration date or designate that the expiration date is indefinite). Military dependents' ID must contain an expiration date.
- Employee photo ID issued by Federal, PA, PA County or PA Municipal government
- Photo ID from an accredited PA public or private institution of higher learning, including colleges, universities, seminaries, community colleges and other two-year colleges
- Photo ID issued by a PA care facility, including long-term care facilities, assisted living residences or personal care homes

If you do not have an acceptable photo ID, and require one for voting purposes, you may be entitled to get one FREE of charge at a PennDOT Driver License Center. Voters will need supporting documentation, such as a birth certificate and two proofs of residency, such as a utility bill, tax records, mortgage documents, W-2

form or lease agreement. To find the Driver License Center nearest you, visit PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us) or call the Department of State's Voter ID Hotline at 1-877-VotesPA (868-3772).

The Department of State is offering a new voter ID for registered voters who are not able to provide all of the documents they would normally need to obtain a photo ID from PennDOT, such as a birth certificate. The IDs, which are free, will be issued to voters for a 10-year period and can only be used for voting purposes.

## Voting by Absentee Ballot

If you are unable to place your vote in person on Election Day, you may be eligible to vote by absentee ballot. To vote by absentee ballot, a voter must apply to the County Board of Elections for the ballot. The applications for absentee ballots are available online at [www.votespa.com](http://www.votespa.com), on the county's website at [www.yorkcountypa.gov](http://www.yorkcountypa.gov) under Voting & Elections, or by calling them at (717) 771-9604. They can also be downloaded from our website at [www.ycaaa.org](http://www.ycaaa.org).

Voters must provide their drivers license number, last 4 digits of Social Security Number, or a copy of an acceptable photo ID when applying for an absentee ballot.

Complete the ballot application and return it to the York County Board of Elections Office at 28 East Market Street, York, PA 17401-1579. The Absentee Ballot application must be received no later than 5 p.m. on Friday, October 30.

Source: [www.votesPA.com](http://www.votesPA.com)

# VETERANS DAY BREAKFAST AND CEREMONY



The York County Department of Veterans Affairs will conduct the Annual Veterans Day Breakfast and Ceremony.

The breakfast will be held on Sunday, November 11<sup>th</sup> at Memorial Hall West at the York Expo Center. The doors will open at 7:30 AM for the Breakfast, which will be catered by the Altland House. The cost of the breakfast has been reduced from last year and will now be \$10.00 a person. Payment for the breakfast can be sent in advance to the York County Department of Veterans Affairs. Please contact the office for further details.

Group pricing of 5 or more is available. You will only be able to purchase single tickets at the door. Since the program continues to expand and there is a maximum seating capacity, there will be a limited number of tickets available at the doors.

There is no charge for the Veterans Celebration Program which will begin immediately following the breakfast. This year's celebration will be the 50<sup>th</sup> Anniversary of the Vietnam War. Vietnam Era Veterans are to contact the York County Department of Veterans Affairs and provide their name so they can be presented with a certificate on the day of the ceremony. Cutoff date for certificates will be October 31, 2012.

Please come and enjoy a morning of fellowship with the Veterans of York County. Family members and the public are also encouraged to attend. Contact the York County Department of Veterans Affairs at (717) 771-9218 for more information regarding the ceremony as well as to make reservations.

**By: Philip A. Palandro, Director  
York County Department of  
Veterans Affairs**

## Key Dates for the 2012 Elections

**10-9-12**

General Election Registration  
Deadline

**10-30-12**

Last day to apply for Civilian  
Absentee Ballot

**11-2-12**

Last day for County Board  
of Elections to receive voted  
civilian absentee ballots

**11-6-12**

General Election



## YCAAA STARS

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*Harry McDermott*

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*Bernard Frick*

FINANCIAL COUNSELOR - APPRISE

NOVEMBER

*Audrielle Hannigan*

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# Palliative Care & Hospice – What’s the Difference?

Am I going to die? We can easily fool ourselves into believing that we are immortal and will never lose ourselves from these earthly bonds. Facing the truth about our mortality comes to each of us differently. The reality is that we will die, but the beauty in accepting that reality is in knowing we can actively participate in planning our wishes on dying. Healthcare providers have the ability to offer hope to consumers, even when the answer to “Can I be healed?” is “No”. *Where to go from here?*

The *where* isn’t generally a physical place but rather a *meaningful philosophy* of how you want to live and be cared for until the end of life. Both Palliative Care and Hospice embrace this philosophy. Although overlapping models of care, they differ in emphasis, funding and history.

## Palliative Care

*On the same day she found out she was expecting her first grandchild, Melissa also found out she had Stage 3 lung cancer.*

*Dan has persistent congestive heart failure. Lately he seems to be spending more time in the hospital than he does at home. He just can’t seem to “bounce back” like he used to. The symptoms of his disease are beginning to control and disrupt his life.*

*Lucille was diagnosed years ago with chronic lung disease (COPD). Her specialist has advised that she is in the final stages of her illness and has been asking difficult questions about her “end-of-life” wishes. He has even mentioned that hospice may be something she may want to consider in the near future. The choices and their consequences seem overwhelming.*

*What do these patients have in common?* All were referred by their attending physician to the palliative care team. Like many, they were unfamiliar with this medical specialty that focuses on the comprehensive management of physical, emotional, and spiritual needs.

The term, “palliative” has Latin root origins; the word “palliate” means to relieve suffering. Thus, Palliative Care is that unique approach to the care of patients and families that are faced with the challenge of serious, sometimes chronic, life-limiting illness. It differs from hospice care in that it allows continuation of all treatments and therapies and is not limited to those with a “terminal” prognosis of 6 months or less. Provided in both the inpatient and outpatient settings,

palliative care is covered by most insurances in the same manner as other specialties.

Beginning at the time of diagnosis, the focus of palliative care is to educate the patient about their illness and to prepare them for the journey on which they are about to embark. This would include an evaluation of the patient’s definition of “quality of life”, those symptoms that may be interfering with it, and a plan to manage them. Assessments of emotional and spiritual needs are also an important part of the initial visit. The patient’s personal support system is included, with the understanding that serious illness affects not only the patient, but their surrounding network of family and friends as well.



As the patient’s disease progresses, palliative care staff continues to assess for distressing symptoms, making recommendations for interventions designed to relieve the patient’s

suffering, thus improving their quality of life. Medications, as well as non-pharmacological therapies, and aggressive interventions such as surgery may still be offered. Conversations at this phase may include advance directives-living will and durable power of attorney for healthcare – thus assisting the patient with making decisions about their wishes for treatment during their advancing illness. Preparing for future needs provides a sense of security for the patient in a situation that often seems out of control.

The terminal stage of an illness can confront the patient and family with overwhelming choices and sometimes outright fear. The task of “letting go” of aggressive, invasive treatment and making the choice toward the goal of maintaining comfort at the end of life, can be daunting. The palliative care team provides the information and compassionate support needed to make these difficult decisions, always advocating for the wishes of the patient. In this final phase of disease, if the patient is no longer pursuing treatment to slow the disease progression and the physician feels their life expectancy is six months or less, he/she may be referred to hospice professionals for continued care.

*Submitted by: Ellen Metzger, RN CHPN  
Palliative Care  
Consultation Nurse  
WellSpan, York Hospital*

## Hospice Care

Hospice utilizes a team approach with the patient and family at the center. The goal is to provide expert medical care, pain-and-symptom management, and emotional and spiritual support to patients and family caregivers. Members of the resourceful & professional team include: the patient’s physician, Hospice Medical Director, nurses, social workers/counselors, chaplains, hospice aides, bereavement staff and volunteers. Contributions from hospice volunteers may include music therapy, vigil presence, patient support, pet therapy, veteran support and more.

Hospice is a benefit under Medicare, Medicaid and most private commercial insurances. Insurance and regulations direct much of the care and types of services provided. Most plans cover visits, medications and medical equipment related to the illness. Benefits of hospice care continue as long as the doctor believes the patient is eligible.

Last year, according to the National Hospice and Palliative Care Organization (NHPCO), hospice cared for more than 1.56 million patients in the US, which is an estimated 41.6 percent of all deaths. Most hospice care is provided in the home, but care can be wherever the patient resides, including nursing homes, assisted living facilities and hospice centers. Patients who choose hospice wish for comfort measures to be provided within their residence and choose not to be re-admitted into hospitals for care.

It is a myth to think that hospice is only for those with cancer. Actually, hospice agencies serve those with advanced Alzheimer’s, heart conditions, lung disease, HIV/AIDS and any other life-limiting illness.

According to J. Donald Schumacher, president and CEO of the National Hospice and Palliative Care Organization, “Ideally, an individual would receive hospice care for the final months of life – not just the final days. One of the most common sentiments from families who have been helped by hospice care is that they wish they had known about hospice or been referred to hospice sooner.”

*Submitted by: Kelly Osmolinski-Smith, RN  
Director, Hospice,  
WellSpan VNA Home Care*

For additional information:  
National Hospice and Palliative Care  
Organization [www.nhpc.org](http://www.nhpc.org)  
Get Palliative Care  
[www.getpalliativecare.org](http://www.getpalliativecare.org)  
WellSpan Health - [www.wellspan.org](http://www.wellspan.org)

# DON'T PLAY WITH FIRE!

## Fire Safety Checklist For Older Adults

Older adults (age 65 and older) are more than twice as likely to die in fires than the Nation's population as a whole. Individuals aged 85 or older are more than four times likely to die in a fire than the general population. Older adults have a higher risk of injury from fires. This information is designed to help seniors and their caregivers learn about fire safety. Fire is Everyone's Fight!

### Fire Safety Checklist

#### What are Your Home Fire Safety Risks?

##### Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have working smoke alarms on every level of your home?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you stay in the kitchen while you are frying, grilling, or broiling food?     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are space heaters placed at least 3 feet or more away from things that can burn? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all electrical cords in good condition (not damaged or cracked)?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know two ways out of every room in your home?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know what to do if your smoke alarm sounds?                               |

If you check NO to any of these questions, you are at a greater risk for being injured in a home fire. The following will provide you with information to help you understand and correct your home fire hazards.

#### Install and Maintain Smoke Alarms

Every year in America nearly 3,000 people die in home fires. Many of these people die in homes that do not have working smoke alarms. Smoke alarms warn you and your family when there is a fire. They can save your life.

Smoke is a deadly mix of particles and gas that is made by fire. Smoke alarms will warn you that there is a fire before you see, hear, or smell it. Smoke alarms give you extra time to escape.

- ✓ Install working smoke alarms on every level of your home. This includes the basement and inside and outside of sleeping areas.
- ✓ Test each alarm monthly using the test button.
- ✓ Dust or vacuum smoke alarms annually and/or whenever the battery is changed.
- ✓ Replace the entire smoke alarm every 10 years or sooner if it does not respond properly when tested.
- ✓ People who cannot hear the smoke alarm while they sleep need special smoke alarms. These alarms flash a bright light or shake their beds to let them know there is a fire. Install these alarms if you or a family member cannot hear well.
- ✓ Do not put smoke alarms too close to the kitchen or bathroom. Steam

from the shower or smoke from cooking can set off the alarm.

- ✓ Interconnected smoke alarms are best because if one sounds, they all sound.

#### Fire Safety If You Smoke

Smoking is the leading cause of home fire deaths for adults 65 and over. It is also the third leading cause of fire injuries for older adults.

- ✓ If you smoke, smoke outside.
- ✓ Never smoke in bed, while drowsy, or while under the influence of medication or alcohol.
- ✓ Use deep, sturdy ashtrays.
- ✓ Before you throw out your cigarette butts and ashes, make sure they are completely cool. Put them in water or a can that is filled with sand.
- ✓ Check furniture and places where people smoke for smoldering cigarette butts and ashes—especially before going to bed.
- ✓ Never smoke where medical oxygen is used, even if it is turned off.
- ✓ Keep smoking materials, including lighters and cigarettes, up high and out of the reach of children. Use child safety locks where you store your smoking materials.

#### Fire Safe Cooking

Cooking fires are the number one cause of home fires in America. Many older adults also experience burn-related injuries during cooking. Prevent fires and burns by being watchful and alert when you cook.

- ✓ Don't cook if you are sleepy, have consumed alcohol, or have taken medicine or drugs that make you drowsy.
- ✓ Stay in the kitchen when you are frying, grilling, or broiling food. If you leave the kitchen for even a short period of time, turn off the stove.
- ✓ If you are simmering, baking, roasting, or boiling food, check it regularly. Remain in the home while food is cooking, and use a timer to remind you that you're cooking.
- ✓ Turn pot handles away from the stove's edge.
- ✓ Keep cooking surfaces clean and free from anything that can catch fire.
- ✓ Never lean over a lit burner.
- ✓ Wear short, close-fitting or tightly rolled sleeves while cooking. Loose clothing can catch fire if it touches a gas flame or an electric burner.
- ✓ Check the kitchen after you finish cooking. Make sure the oven, burners, and other appliances are off.
- ✓ If a fire starts, stay calm and get out. Once out, call 9-1-1 or the fire department from a cell phone or a neighbor's telephone. Have an outside meeting place a safe

distance in front of your house where first responders can see you.

#### Heat Your Home Safely

When it is cold outside, we heat our homes to stay healthy and warm. But heating equipment can also cause fires if not used correctly.

- ✓ Keep children, pets, and things that can burn at least 3 feet away from radiators, space heaters, fire places, wood stoves, and furnaces.
- ✓ Turn off space heaters if you leave the room or are going to sleep.
- ✓ Have a qualified professional install heating equipment.
- ✓ Ask a professional to inspect your heating system every year.
- ✓ Never use an oven, stovetop, dryer, or grill to heat your home.
- ✓ Store propane and other heating fuels outside of your home.
- ✓ To prevent scalds, set the temperature of your water heater no higher than 120 °F (49 °C)
- ✓ Make sure all fuel-burning equipment is safely vented to the outside to avoid carbon monoxide (CO) poisoning.
- ✓ Install CO alarms—especially if the home is heated by any source other than electricity. Test at least once a month. Maintain and replace CO alarms according to the manufacturer's instructions.

#### Practice Electrical Safety

Older homes are more likely to catch fire from electrical causes than newer homes. Older wiring may not have the capacity to safely handle newer appliances and equipment and may not have updated safety features.

- ✓ Electrical work should only be done by a licensed electrician.
- ✓ Check all electrical appliances often. Replace cracked, damaged, and loose electrical cords.
- ✓ Replace outlets if plugs do not fit snugly or the outlet does not accept plugs with one blade larger than the other.
- ✓ Major appliances (refrigerators, stoves, washers, dryers, etc.) should be plugged directly into a wall outlet.
- ✓ Plug only one high-wattage appliance into an outlet at a time, even if the outlet has space for two plugs.
- ✓ Avoid using extension cords. Have a licensed electrician determine if additional outlets are needed.
- ✓ Arc fault circuit interrupters (AFCIs) shut off electricity when a dangerous situation occurs. Have a licensed electrician install them in your home.
- ✓ Find reasons for blown fuses and tripped circuit breakers. Have a licensed electrician inspect and correct the problem.
- ✓ Use light bulbs that match the recommended wattage on the lamp or light fixture.

(con't on page 13)

# A Unique Opportunity to Volunteer

AARP Tax-Aide and Volunteer Income Tax Assistance (VITA) volunteers have helped many of you or someone you know. More than 5,000 people have received free help to complete their federal, state, and local tax returns; tax/rent rebates and other forms.

To continue this service and reach an expanding group of seniors and younger workers, the York County tax programs need more volunteers. Volunteering provides you the opportunity to learn a new skill, and provide a much appreciated and vital service. No experience is necessary.

Training is done at an easy pace and can be individualized to meet your needs. A computer and the tax software program are provided. Tax returns are prepared electronically.

Not computer savvy? You will be taught the basic skills needed to enter tax data and complete a return. The

IRS provides training manuals and tax software that is user friendly.

Tax volunteers are required to complete free training and will have a choice of days, hours and sites for tax assistance from January to April 15.

Curious? Questions? Willing to investigate this great opportunity? An orientation is being held October 6, 2012, 9:30 AM to 11:00 AM at the United Way Building, 800 E. King St., York. The volunteer service will be explained and the tax program will be demonstrated. No registration is necessary, but additional information is available by calling SecureCorps at the United Way at 717-771-3812, or Beth Grove, Volunteer Coordinator at the York County Area Agency on Aging, at 717-852-4904 or by email at [eagrove@yorkcountypa.gov](mailto:eagrove@yorkcountypa.gov).

## RENT-A-KID



**Do you need help with fall chores?  
Rent-A-Kid may be available in  
your area!**

**Call the Rent-A-Kid Coordinator  
at the York County Area Agency  
on Aging**

**771-9103  
Or 1-800-632-9073**

**Recommended payment is \$5.00  
per hour. Don't wait until the  
leaves have fallen. Call now for  
information on Rent-A-Kid  
participants in your area. Arrange  
for help BEFORE you need it.**

### **DON'T PLAY WITH FIRE!**

*(con't from page 12)*

#### **Candle Safety**

Candles are pretty to look at, but remember that a candle is an open flame and can easily ignite anything that burns around it.

- ✓ Only burn candles when you are in the room.
- ✓ Never light candles if you are tired and might fall asleep.
- ✓ Consider using battery-operated flameless candles. They look, smell, and feel like real candles but won't cause a fire.
- ✓ Use sturdy, safe candleholders.
- ✓ Protect candle flames with glass chimneys or containers.
- ✓ Keep candles at least 12 inches from anything that can burn.
- ✓ Never use candles in bedrooms.
- ✓ Never use a candle where medical oxygen is being used.
- ✓ Always use a flashlight—not a candle—for emergency lighting.

#### **Plan Your Escape**

Planning what to do in case of fire can make the difference between life and death.

- ✓ Know and practice two ways out of every room in your home.
- ✓ Make sure all doors and windows that lead outside open easily.
- ✓ Clear all clutter that may block your escape route or make you trip or fall.
- ✓ If you use a wheelchair or walker, or might have a problem escaping from a fire, discuss your escape plans ahead of time with your fire department, your family, the building manager, and neighbors.
- ✓ Keep eyeglasses, keys, hearing aids, and a phone within reach next to your bed.

- ✓ Have an outside meeting place a safe distance in front of your home where first responders can see you.
- ✓ Practice your home fire escape drill twice a year.

#### **What to Do in Case of Fire**

Practice how to get to your outside meeting place quickly. In a fire, you may have only seconds to escape safely after you hear a smoke alarm.

- ✓ Stay calm when the smoke alarm sounds. Get out fast and stay out. Never go back inside for people, pets, or things.
- ✓ Feel the doorknob and the cracks around a door before opening. Leave the door closed, and use your second way out if you feel any heat.
- ✓ Smoke is poisonous. If you must escape through smoke, get low and go under the smoke to your way out.
- ✓ If you can't get out, keep the door of your room closed, and cover vents and cracks around doors with cloth or tape to keep smoke out.
- ✓ If you can't get out and there is a phone in the room, call 9-1-1 or your local emergency number for your fire department. Stay where you are, and signal for help at the window with a light-colored cloth or flashlight.

**Your local fire department may be able to visit your home to install smoke alarms and answer your questions. Call their non-emergency number to ask for help.**

Source: U.S. Fire Administration, FEMA, [www.usfa.fema.gov](http://www.usfa.fema.gov); "Fire Safety Checklist for Older Adults"

## SeniorLIFE

*Solutions for Seniors Living at Home  
Now an Approved  
York County  
Adult Day Services Provider*



*Call Today for More Information!*

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or 1-877-998-LIFE (5433)



East York, Off Route 30,  
Memory Lane Exit  
1500 Memory Lane Ext.

# WEST NILE VIRUS

The United States is experiencing one of the highest numbers of West Nile virus outbreaks ever. Nationwide, the Centers for Disease Control and Prevention has received reports of 1,118 cases of West Nile virus disease in people. The CDC expects to see many more cases through the end of September. In York County, it has been the worst year for detection of the virus in the mosquito population, according to Tom Smith, coordinator of the York County West Nile Virus Program.

## How to Prevent West Nile Virus?

The easiest and best way to avoid West Nile Virus is to prevent mosquito bites.

- When you are outdoors, use insect repellents containing an EPA-registered insect repellent.
- Many mosquitoes are most active at dusk and dawn. Be sure to use insect repellent and wear long sleeves and pants at these times or consider staying indoors during these hours.
- Make sure you have good screens on your windows and doors to keep mosquitoes out.
- Get rid of mosquito breeding sites by emptying standing water from flower pots, buckets and barrels. Change the water in pet dishes and replace the water in bird baths weekly. Drill holes in tire swings so water drains out.

## Symptoms of West Nile Virus

- **Serious Symptoms in a Few People.** About one in 150 people infected with West Nile Virus (WNV) will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks, and neurological effects may be permanent.

- **Milder Symptoms in Some People.**

Up to 20 percent of the people who become infected will display symptoms which can include fever, headache, and body aches, nausea, vomiting, and sometimes swollen lymph glands or a skin rash on the chest, stomach and back. Symptoms can last for as short as a few days, though even healthy people have been sick for several weeks.

- **No Symptoms in Most People.**

Approximately 80 percent of people (about 4 out of 5) who are infected with West Nile Virus will not show any symptoms at all, but there is no way to know in advance if you will develop an illness or not.

## How Does West Nile Virus Spread?

- **Infected Mosquitoes.** Most often, WNV is spread by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes can then spread WNV to humans and other animals when they bite.
- **Transfusions, Transplants, and Mother-to-Child.** In a very small number of cases, WNV also has been spread through blood transfusions, organ transplants, breastfeeding and even during pregnancy from mother to baby.
- **Not through touching.** WNV is not spread through casual contact such as touching or kissing a person with the virus.

## How Soon Do Infected People Get Sick?

People typically develop symptoms between 3 and 14 days after they are bitten by the infected mosquito.

## How Is West Nile Virus Infection Treated?

There is no specific treatment for West Nile Virus infection. In cases with milder symptoms, people experience symptoms such as fever and aches that pass on their own, although illness may last weeks to months even in healthy persons. In more severe cases, people usually need to go to the hospital where they can receive supportive treatment including intravenous fluids, help with breathing, and nursing care.

## What Should I Do if I Think I Have West Nile Virus?

Milder illness improves on its own. If you develop symptoms of severe West Nile Virus illness, such as unusually severe headaches or confusion, seek medical attention immediately. Severe illness usually requires hospitalization.

## What Is the Risk of Getting Sick from West Nile Virus?

- People over 50 are at higher risk to get severe illness. People over the age of 50 are more likely to develop serious symptoms of West Nile Virus if they do get sick and should take special care to avoid mosquito bites.
- Being outside means you're at risk. The more time you're outdoors, the more time you could be bitten by an infected mosquito. Pay attention to avoiding mosquito bites if you spend a lot of time outside, either working or playing.
- Risk through medical procedures is very low. All donated blood is checked for West Nile Virus before being used. The risk of getting it through blood transfusions and organ transplants is very small, and should not prevent people who need surgery from having it. If you have concerns, talk to your doctor.

**If you find a dead bird:** Don't handle the body with your bare hands. York County residents can contact the Penn State Cooperative Extension – York County West Nile Virus Program office by calling 717-840-2375. Additional information can be found on their website at <http://extension.psu.edu/york>.

For information about West Nile Virus symptoms in humans, contact the Department of Health at 1-877-PA-HEALTH, or visit the Pennsylvania West Nile Virus website at [www.westnile.state.pa.us](http://www.westnile.state.pa.us).

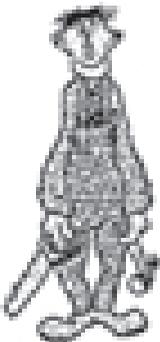
Source: CDC; Penn State Cooperative Extension – York County

## Caregiver Self-Advocacy: Four Messages to Live By

- 1. Choose to take charge of your life.**  
We fall into caregiving often because of an unexpected event, but some where along the line you need to step back and consciously say, "I choose to take on this caregiving role." It goes a long way toward eliminating the feeling of being a victim.
- 2. Love, honor and value yourself.**  
Self care isn't a luxury. It is your right as a human being. Step back and recognize just how extraordinary you are, and remember your own good health is the very best present you can give your loved one.

- 3. Seek, accept and at times demand help.**  
Caregiving, especially at its most intense levels, is definitely more than a one person job. Asking for help is a sign of your strength and an acknowledgement of your abilities and your limitations.
- 4. Stand up and be counted.**  
Recognize that caregiving comes on top of being a parent, a child, a spouse. Honor your caregiving role and speak up for your well-deserved recognition and rights. Become your own advocate, both within your own immediate caregiving sphere and beyond.

Source: National Family Caregivers Association;  
[www.nfcares.org](http://www.nfcares.org)



For those little jobs  
around the house that  
you can't do or don't  
have time for call:  
**THE HUSBAND  
HELPERS**  
**717-309-8266**  
REG# PA6193

# YORK COUNTY SENIOR CENTERS

Senior centers are a place for socialization, health promotion, learning, and a gateway to fun, friends and fulfillment! York County residents age 60 and older are welcome to visit a center in their area and enjoy the many activities available to them. Listed below is the contact information for York County senior centers.

## **CRISPUS ATTUCKS ASSOCIATION**

605 South Duke St., York  
Director: Robin Beatty-Smith  
Phone: 848-3610  
Hours: Monday-Friday, 9:00AM - 4:00PM  
Website: [www.crispusattucks.org](http://www.crispusattucks.org)

## **DELTA AREA SENIOR CENTER, INC.**

5 Pendyrus St., Suite 1, Delta  
Director: Kim Maglaughlin  
Phone: 456-5753  
Hours: Monday-Friday, 7:00AM -2:00PM  
Website: [www.deltaseniorcenter.com](http://www.deltaseniorcenter.com)

## **DILLSBURG SENIOR ACTIVITY CENTER, INC.**

1 North Second Street, Dillsburg  
Director: Scott Shughart  
Phone: 432-2216  
Hours: Monday-Friday, 8:00AM- 3:00PM

## **GOLDEN VISIONS SENIOR COMMUNITY CENTER, INC.**

250 Fame Avenue, Suite 125, Hanover  
Director: Tina Hess  
Phone: 633-5072  
Hours: Monday-Friday, 8:00AM- 4:00PM  
Website: [www.goldenvisionspa.com](http://www.goldenvisionspa.com)

## **HERITAGE SENIOR CENTER, INC.**

3700-4 Davidsburg Rd, Dover  
Director: Emma Crossley  
Phone: 292-7471  
Hours: Monday-Friday, 8:00AM- 3:00PM  
Website: [www.heritagesrcenter.org](http://www.heritagesrcenter.org)

## **NORTHEASTERN SENIOR COMMUNITY CENTER**

P.O. Box 386  
131 Center St., Mount Wolf  
Director: Deb Davis  
Phone: 266-1400  
Hours: Monday-Friday, 7:30AM -2:30PM  
Website: [www.mtwolfborough.com/NSCC.htm](http://www.mtwolfborough.com/NSCC.htm)

## **RED LAND SENIOR CENTER, INC.**

736 Wyndamere Road, Lewisberry  
Director: Jen Washburn  
Phone: 938-4649 or 938-4640  
Hours: Monday-Friday, 8:30AM- 3:00PM  
Website: [www.wsrec.org/redlandseniorcenter.htm](http://www.wsrec.org/redlandseniorcenter.htm)

## **RED LION SENIOR CENTER, INC.**

20-C Gotham Place, Red Lion  
Director: Heather Goebeler  
Phone: 244-7229  
Hours: Monday-Friday, 8:00AM-3:00PM  
Website: [www.redlionseniorcenter.com](http://www.redlionseniorcenter.com)

## **SOUTH CENTRAL YORK COUNTY SENIOR CENTER, INC.**

150 E. Main Street, New Freedom  
Director: Sandy Wehr  
Phone: 235-6060  
Hours: Monday-Friday, 8:00AM-3:00PM  
Website: [www.southcentralyorkcountysrctr.webs.com](http://www.southcentralyorkcountysrctr.webs.com)

## **STEWARTSTOWN SENIOR CENTER, INC.**

Broadway & Main Streets, Stewartstown  
Director: Rosie Horton  
Phone: 993-3488  
Hours: Monday-Friday, 8:30AM-3:00PM  
Website: [www.stewsenior.org](http://www.stewsenior.org)

## **SUSQUEHANNA SENIOR CENTER**

2427 Craley Rd, Wrightsville  
Director: Trena Howard  
Phone: 244-0340  
Hours: Monday-Friday, 7:30AM- 2:30PM  
Website: [www.susquehannaseniorcenter.org](http://www.susquehannaseniorcenter.org)

## **WHITE ROSE SENIOR CENTER**

27 South Broad St, York  
Director: Lisa Krout  
Phone: 843-9704  
Hours: Monday-Friday, 8:00AM-4:00PM  
Website: [www.whiteroseseniorcenter.org](http://www.whiteroseseniorcenter.org)

## **WINDY HILL SENIOR CENTER**

50 North East Street, Suite 2, Spring Grove  
Director: Tammy Miller  
Phone: 225-0733  
Hours: Monday-Friday, 8:30AM-2:30PM  
Website: [www.windyhillseniorcenter.org](http://www.windyhillseniorcenter.org)

## **YORK COMMUNITY S.E.N.I.O.R.S.**

1251 West King Street, York  
Director: Susan K. Jones  
Phone: 848-4417  
Hours: Monday-Friday, 8:00AM-4:00PM

## **YORKTOWN SENIOR CENTER**

509 Pacific Avenue, York  
Director: Mindy Russell  
Phone: 854-0693  
Hours: Monday- Friday, 8:00AM-3:00PM  
Website: [www.ytseniorcenter.org](http://www.ytseniorcenter.org)

## **SENIOR CENTER SPOTLIGHT:** *York Community S.E.N.I.O.R.S.*

York Community S.E.N.I.O.R.S will be celebrating the history of its "landmark" building on Monday, September 17th. The Senior Center purchased the former Moser's building located at 1251 West King Street two years ago with the support of a grant from the Pennsylvania Department of Aging. After renovating the building, the Senior Center moved from its prior location in downtown York, where it was known as September House, and opened at the new location on December 31, 2010.

For many years, Moser's was the place to go with family and friends for good food and fine dining. Clubs and organizations conducted their meetings at Moser's, and many events were held in their ballroom.

The public is invited to attend a

special tribute to Evelyn Moser on September 17<sup>th</sup> from 2:00 p.m. to 6:00 p.m. while the "good old days" at Moser's are remembered. The Senior Center is currently collecting stories and memories of former Moser's customers for a "memoir book." These items can be mailed to or dropped off at the Senior Center at 1251 West King Street, York PA 17404.

York Community S.E.N.I.O.R.S offers many activities and programs. A game room offers a variety of choices, including Pac Man, regulation size pool table, air hockey, Wii games, foosball, a touch screen computer game, and puzzles. The exercise room features a tread mill, elliptical machines, weight bench, barbells, and exercise bikes. A computer lab is available with twelve computers. Future plans include

expansion of craft and sewing areas.

Some of the special programs and activities offered at the Senior Center include: "Ask The Nurse," Herbs/ Spices and How They Affect Your Body, Dental Health for Seniors, blood pressure screening provided by HACC nursing students; monthly visits and community service provided by Helen Thackston Charter School students, visits by podiatrist Dr. Weaver; Dinner and Friday night at the movies; and monthly food box programs to help grocery dollars go farther.

**Please join us for our special celebration on September 17<sup>th</sup>, or for any of our regularly scheduled activities. There is something for everyone!**

# November is National Family Caregivers Month

## Choosing to Take Charge of Your Life

People often become caregivers suddenly, without warning: a husband is diagnosed with cancer, a child is in a car accident; a parent has a stroke.

At other times, caregiving creeps up on you: You know mom is forgetting things, and you slowly start taking on some administrative tasks and calling more often, until one day you realize she no longer has the capacity to live safely on her own.

Regardless of how you became a family caregiver, it most likely included elements of surprise and emotionally demanding moments. In the “hubbub” that followed the moment of crisis, amidst the reorientation of your schedule, the search for resources, the fears about the future, and the day-to-day challenges, you probably never stopped to think about what happened. You probably didn’t devise a plan that takes into account the health and well-being of all concerned — including yourself. If you are like most people caring for an ill, aged or disabled loved one, you just went on automatic pilot and started to do, and do, and do.

Somewhere along the line, however, it is vitally important that you stop, take a breath, and try to gain some control over the situation, rather than letting the situation control you. Obviously you cannot control everything that happens to you or to your loved one. But even though you don’t have that power, you do have the power to make active choices about how you are going to deal with the caregiving circumstances of your life.

### Keep a Positive Attitude

Perhaps the most important choice you have to make is how you are going to approach life from here on out. You can choose to drink the sour juice of lemons or you can try to make lemonade out of them. People who go for the lemonade inevitably end up happier, healthier and more capable of proactive action on behalf of their loved one and themselves. That’s because attitude impacts action. Our inner thoughts propel our outward movement. Self-pity doesn’t make things better, but neither does being a Pollyanna; somewhere between the two lies the best balance for coping with the reality of caregiving. Being a family caregiver is never easy, but how you approach it — with a glass half full or a glass half empty — is a choice you can, and should, consciously make. Your decision will set the stage for everything else you do.

### Know Yourself

Choosing to take charge of your life means recognizing your own strengths and limitations. We all have them, of course, and they affect what we can successfully do ourselves, and what we often need help with. Are you a petite woman caring for a heavy-set man? That certainly will have an impact on how much physical care you are capable of providing on your own. Are you naturally curious, always wanting to understand things as best you can? If the answer is “yes,” then you’ll likely have an easier time gathering the information you need to make caregiving choices.

Knowing your strengths and weaknesses allows you to set boundaries and can give you the confidence to know when to say “no” and when to ask for help — things many family caregivers find very hard to do. Being aware of your strengths and weaknesses and how they may change as you age is a very important step in becoming a resourceful caregiver.

### Be Proactive

Knowing yourself and understanding the circumstances that surround you is a start, but taking charge of your life shouldn’t end there. There are other actions you can take to feel more in control. For instance, you can either be proactive about the situation you face, or reactive regarding the caregiving needs of your family. Being proactive means looking ahead and planning to the extent that you can. It means trying to prevent crises rather than letting them happen. In caregiving, one proactive

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step we all can take is making sure we and our loved ones have the legal paperwork necessary for making critical medical decisions. No one likes to deal with these things, but proactive people make it their business to find a way.

Proactive people always have a better chance of staying on top of a situation, but being proactive doesn’t come naturally to all of us. If being proactive isn’t in your nature, then you need to find a friend or family member who is. This is especially important if you want to feel at least somewhat in charge of what happens to you and your loved one.

### Research Is Another Word for Being Prepared

Research takes many forms. One of the most important types of research you can do is to find out as much as you can about your loved one’s illness or condition. It is said that knowledge is power and being armed with an understanding of what you are dealing with definitely provides you with a powerful tool for conversing with the various medical professionals taking care of your loved one. It transforms you from being viewed as a sad-eyed relative into a resourceful advocate. The Internet, of course, is a great way to gather information; searching the Web is an easy task you can ask someone else to take on. It’s an easy way to begin to ask for help.

Research isn’t only about gathering formal information, however; it’s just as much about gaining an understanding of how the environments you will encounter work: doctors’ offices, the ER, or an adult day care center, for example. Gaining an understanding of their rules and practices will make you feel more in command of your caregiving situation and help you get the information you need and the respect you deserve that much more quickly and with less hassle.

Having a positive attitude, understanding your strengths and weaknesses, being proactive, and gathering information through research are just a few of the ways you can begin to take charge of your life. It’s largely about recognizing that you do have choices and making the ones most likely to support you in your caregiving role.

Source: *National Family Caregivers Association*  
[www.nfcacares.org](http://www.nfcacares.org), 1-800-896-3650