



Special points of interest:

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CT Coalition on Aging, Inc.

If you would like to be more involved with the CCOA . . .

Be sure to regularly check the website at:

www.CoalitionAgingCT.org

Please feel free to contact our President

John Hogarth at JHogarth@ci.meriden.ct.us

You can contact our Secretary

Sharon Garrard at

sgarrard@hebronct.com

CT Coalition on Aging 2011-2012 Board Members

John Hogarth,

Director of the Meriden Senior Center. **President, CCOA**

Jean Pudlo

Senior Resources – Agency on Aging, Norwich, Community Planner, **Vice President, CCOA**

Ned Skinnon

Director of the West Hartford Senior Center, **Treasurer, CCOA**

Sharon M. Garrard

Senior Services Director/ Municipal Agent for the Elderly Town of Hebron, **Secretary, CCOA**

Sharon Gesek

Director of Senior Services, Town on Southbury, CT Commission on Aging

Helen Raisz

adjunct faculty member at the University of Hartford, and CCSU.

Jean Rexford

Executive Director CT Center for Patient Safety

Cecelia Sullivan, MS Ed., HTP

Care Partner & Family Advocate Hospice Educated Volunteer,

Jeanne Franklin

SWCAA serving on Boards of:

CT Commission on Aging, Board of Directors of

Southwestern CT Agency on Aging, Stamford Mayor Pavias Multi-Cultural Council,

Senior Nutrition Program Advisory Council, Retired Founding Executive Director-Stamford Senior Center

Marlene Schempp

RSC/supervisor Faith Asset Management

Chuck Oakes

Certified Aging in Place Specialist, member of the Committee on Aging and the

Communications Coordination Committee at the United Nations.

Susan Sokol

Administrator of the McAuley Retirement Community of West Hartford

Kathi Liberman

Resident Services Coordinator at the Wethersfield Housing Authority and co-chair of CARSCH CT Association of Resident Service Coordinators in Housing

Coalition on Aging Financial Report

By Treasurer Ned Skinnon

Currently, the CT Coalition on Aging has \$3,541.55 in its checking account, \$6,288.62 in a money market account and \$25,654.14 in a growing fund with the Community Foundation for Greater New Haven. Most of the income is derived from dues, donations and interest. Most of our expenses are for the services of an information officer, postal and printing costs and other sundry expenses.

PRIORITIES FOR ACTION

Results of the CT Coalition on Aging 2011 Legislative Survey

Compiled by Staff of Southwestern CT Area on Aging (AAA)

Health Care: Access to prescription drugs and reduction in drug costs. (60% of respondents)

Funding Needs: Improve property tax relief for seniors. (59% of respondents)

Aging and Disability: Improve funding for transportation services for seniors and adults with disabilities. (57% of respondents)

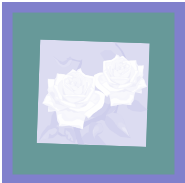
Health Care: Improve support for dental care. (55% of respondents)

Aging and Disability: Home and community-based programs and service expansions including adult day care. (49% of respondents)

The Connecticut Coalition on Aging (CCOA), founded in 1974, is dedicated to improving the quality of life for all elders, especially those most vulnerable. An important facet of this mission is the administration of our annual survey of legislative issues. These are the top five legislative priorities identified by the survey respondents. For further information on the Connecticut Coalition on Aging go to our web site at www.coalitionagingct.org.

The CT Coalition on Aging Annual Survey of State Legislative Issues generated a total of 842 responses from across the state. 72% of the people were over the age of 65, and the survey had three categories; Health Care, Aging & Disability Services and Funding Needs. In addition to the above responses the following comments and concerns were also noted:

- Less expensive health care costs for seniors
- Lack of mental health care for seniors
- At home living for seniors with physical disabilities instead of having to go to a nursing home to live
- Affordable long term care
- Provide respite for caregivers
- Way too many seniors are home alone and need a lifeline
- Affordable housing for the elderly
- Medicaid coverage for assisted living qualifiers
- Social Security colas should not be cut, a real hardship for seniors on a fixed income
- Help for grandparents raising grandchildren
- Adult day centers provide an important long-term care alternative for seniors and need financial support
- Food is a huge issue, SNAP and pantries are not meeting all the needs
- Universal health care for all
- Continue funding of senior volunteer programs



*Connecticut Coalition on Aging
Annual Meeting & Carlson Forum
Friday, June 3rd 2011
8:30—12:00pm*

“The Future of Healthcare in Connecticut”

at the William J. Pitkin Community Center
30 Greenfield Street, Wethersfield, CT
860-721-2950

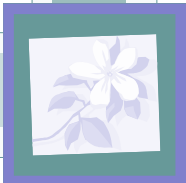
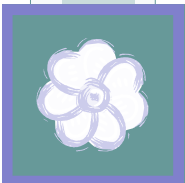
- 8:30—9:30 Continental Breakfast and Networking
- 9:30 Welcome: John Hogarth, CCOA President
Report of Nominating Committee
- 9:45 Honoring Kate McEvoy, Esq.
Deputy Director Agency on Aging of South Central CT
- 10:00 Keynote Speaker: Senator Richard Blumenthal (Invited)
Remarks: Roderick L. Bremby, Newly Appointer Commissioner, DSS (Invited)
- 10:45 Break
- 11:00 Panel Discussion, invited guests include: Alliance for Retired Americans, Center for Medicare Advocacy, CT Community Care, Inc, CT Commission on Aging, CT Legal Services, AARP, CT Association of Area Agencies on Aging (C4A)

Name(s) _____
 Address _____
 Phone _____
 Agency _____

RSVP no later than May 31;

CCOA c/o Ned Skinnon, 15 Starkel Road, West Hartford, Ct 06117

ned@westhartford.org (860) 561-7582



Our Mission:

The Caring Families Coalition (CFC) is a leading voice for consumers of health care. CFC is a nonpartisan advocacy organization that unites groups, families, and individuals, and encourages collective action to improve or protect health care. The Coalition provides members with information, trainings and opportunities to advocate for positive change.

CFC Promotes:

- Health benefits for the uninsured
- Support services for caregivers
- Access to health care for immigrants
- Treatment vs. incarceration
- Lower prescription drug costs and affordable and effective coverage
- Translation services at hospitals
- Prevention of high individual insurance premiums
- Maintaining current community health services

“Our goal is to promote health care services that are affordable, accessible, high quality, and non-discriminatory.”

Join Us!

CFC is an organization run by volunteers that began in 1999. CFC welcomes new members to build support for quality affordable health care. For more information on CFC, review the website www.caringfamilies.org and check us out on facebook.

For more information about CFC, please contact:

Eva Csejtey, CFC Organizer

860-230-5008, eva.csejtey@ucanct.org

Sarahi Almonte, CFC Organizer

860-524-0502, sarahi.almonte@ucanct.org

Caring Families Coalition c/o UCAN, 20-28
Sargeant Street, Hartford, CT 06105



CFC provides information to the general public on health care issues. CFC is a nonpartisan organization that neither supports nor opposes any political party or candidate for office. CFC does not sell health care products or accept money from health care companies.

Connecticut Home Care Programs for Elders (CHCPE)

Do You Feel Frustrated With Issues Related to Health Care? Feel Alone in Your Struggles?

JOIN CARING FAMILIES COALITION!

Connecticut's Home Care

Program: How will higher costs affect you?

www.caringfamilies.org

Connecticut Home Care Program for Elders (CHCPE) provides services to seniors: care management, adult day care, companion and home delivery.

The Governor's budget proposed rates will **JUMP TO 15%**.

What does this mean for seniors?¹

CHCPE would pay \$1,013 monthly for needed services. Seniors would be required to pay \$152 a month.

82% of seniors within this program live on or less than \$21,660 a year compared to CT's average income of \$68,294.

60% of these seniors have a monthly income of \$1,390 and will be choosing to pay for needed services over cost of living expenses.

Seniors typically pay \$200 a month for medications and have little discretionary spending.

In 2010 the rates for CHCPE were raised to 15%. At CT Community Care, Inc., 400 seniors dropped their services when copayments increased because they were unable to afford the bill. As a result the copayment was reduced to 6%.²

WE CANNOT ALLOW THIS TO HAPPEN AGAIN!

Call your Legislator's Office and voice your concerns. See the side panel for more information.

Having difficulties reaching your Legislators – Call Us!

Legislative Information:

House Democrats
860.240.8500 or
1.800.842.1902

Senate Democrats
1.800.842.1420

House Republicans
860.842.1423

Senate Republicans
1.800.842.1421

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For more information, please contact:

Eva Csejtey, CFC Organizer -860.230.5008,

eva.csejtey@ucanct.org

Sarahi Almonte, CFC Organizer - 860.524.0502,

sarahi.almonte@ucanct.org

1 DSS Data Specification for Access Agency Files Fiscal Year 2009; Connecticut Community Care, Inc. (2011). Where is the Savings Fact Sheet.

2 CT Community Care, Inc. (2010). Policy changes affecting health care.

MEDICARE CHANGES EFFECTIVE JANUARY 1, 2011

From Center for Medicare Advocacy Newsletter

This Alert serves as a reminder about changes to Medicare that go into effect on January 1, 2011.

1. **The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding program**[\[1\]](#)

Beginning January 1, 2011, beneficiaries in nine areas around the country will have to get medical equipment and supplies through suppliers that have a contract with Medicare. **This requirement applies to beneficiaries who live in one of the areas or who travel to that area.**

Beneficiaries can check their zip code at www.medicare.gov/supplier to determine whether they are within one of those areas. In addition, the CMS tool kit on DMEPOS Competitive Bidding contains a number of useful fact sheets, available at http://www.cms.gov/Partnerships/03_DMEPOS_Toolkit.asp.

2. **Legislative and Regulatory Changes**

As previously reported, the Affordable Care Act (ACA) makes numerous changes to the Medicare program, some of which go into effect on January 1, 2011. The Centers for Medicare & Medicaid Services (CMS) also issued new regulations that affect Part C and Part D plans, starting on January 1.

Enhanced coverage of preventive health services: The ACA creates a new Medicare-covered service, an annual wellness visit, for which beneficiaries pay no deductible or co-insurance. Cost-sharing for most preventive services covered by Medicare is also eliminated.[\[2\]](#)

Closing the Part D coverage gap or "donut hole": Beneficiaries who enter the coverage gap will pay 50 % of the cost of covered brand name drugs plus a dispensing fee. They will pay 93% of the cost of generic drugs. The coverage gap will be phased down and completely eliminated by 2020.[\[3\]](#)

Reforming the Part C Medicare Advantage (MA) program:[\[4\]](#)

- In 2011, payments to MA plans are frozen at 2010 levels, with future payment reductions being phased in over a number of years. The transition to a modified payment mechanism is designed to reduce overpayments to MA plans.
- MA plans cannot impose cost-sharing for chemotherapy administration services, renal dialysis services, and skilled nursing facility services that exceed the cost-sharing for those services under original Medicare.
- All local MA plans must have a maximum out-of-pocket (MOOP) liability amount for all Part A and Part B services to be set yearly by CMS.
- Preferred Provider Organization plans (for out-of-network services), Private Fee For Service plans, and Medical Savings Account plans are prohibited from imposing prior notification requirements. Plans have used these prior notification requirements to assess higher cost-sharing when an enrollee or provider fails to notify the plan in advance of a service being furnished.
- A new Medicare Advantage Disenrollment Period (MADP) starts on January 1 and runs through February 14. Individuals may use the MADP to return to traditional Medicare and a prescription drug plan (PDP). The MADP replaces the old Open Enrollment Period (OEP), during which time individuals could enroll in an MA plan, change MA plans, or return to traditional Medicare. Many marketing abuses occurred during the OEP as plan sponsors tried to lure individuals into MA plans.

Annual enrollment period (AEP): The AEP, during which beneficiaries may choose how they receive their Medicare benefits and their prescription drug coverage, will run from October 15 through December 7 of each year, rather than from November 15 to December 31:[5]

Income-related premiums: The ACA froze, at 2010 levels, the modified adjusted gross income levels for determining whether a beneficiary must pay a higher, income-related premium (\$85,000 for an individual; \$170,000 for a couple). Starting in 2011, these individuals will also pay an additional amount for their Part D premiums.[6], and supplies. The new focus on prevention eliminates cost-sharing for important services and allows beneficiaries to meet yearly with their medical providers to establish or update a screening schedule. MA plans have new restrictions on the cost-sharing they may impose. Beneficiaries who enter the donut hole will pay less for their medications. All in all, the changes to Medicare that go into effect in 2011 will bring improvements to the lives of millions of older people and people with disabilities.

Example Sample Letter to Legislators by Jeanne Franklin

Dear highly respected State of CT Representatives on the Committee on Aging, and the other State of CT Senators and Representative representing Stamford:

You all know my extensive background on issues related to aging, and my services on the CT Commission on Aging, the CT Coalition on Aging and the Southwestern CT Agency on Aging Boards. I hope you all realize how much I "ache" when I think about the pressures you face in your efforts to bring our State into "financial health".

I also know we must All make sacrifices, but I urge you not to "throw out the baby with the bathwater" or to try to get blood from a stone.

I know that our Governor, my past "boss" and friend, has proposed a budget that includes cuts in programs impacting low-income seniors, including transportation and nutrition. However, the one that concerns me the most is the increase of the co-pay for Seniors on the CT Home Care Program from 6% to 15%. I suspect most of you realize that Governor Rell tried to do that 2 years ago, and it boomeranged. The CHCP provides medical response to people who EXIST AT 100% to 150% OR INCOMES OF APPROXIMATELY \$900 TO \$1,500 PER MONTH. When Gov. Rell tried it, so many simply couldn't afford their healthcare, so they dropped out of the program. Result: 17 or 18 ended up in Nursing Homes at a cost to the State of about 2 million dollars! At that time, the State Legislature backed it out to a 6% co-pay. That amount seems to be manageable for most of the people on the CHCP.

I, along with many of my colleagues, urge you to keep the co-pay at 6%. You can't get "blood from a stone" when you try, the "stone" rolls away, and that's when the troubles escalate!

With immense respect, caring and acknowledgement for all you do for our State and its Citizens.

Jeanne Franklin

Limited Free Tickets

Answers and Support for Family Caregivers Fearless Caregiver Conference Danbury



May 25, 2011

Danbury

Danbury Plaza Hotel
and Conference Center

18 Old Ridgebury Road
Danbury, CT 06810

8:00 am - 2:30 pm

Lunch Included

- ▶ Get family members to help you
- ▶ Access financial and community resources
- ▶ Have your questions answered
- ▶ Beat stress and find respite

...Become a Fearless Caregiver

Register at caregiver.com

Questions? 877.829.2734

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Western Connecticut
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