

September & October 2022



# Newsletter

Toll Free: 866-743-5144

Office: 715-743-5166

Fax: 715-743-5240

**Grand Opening of Café 60**  
**Schmitty's On Main**  
**Tuesday—Sunday**



For more program information please call 715-743-5166 or stop in our office at 517 Court St., Rm 201, Neillsville, WI 54456 to pick up a welcome packet.





## Clark County ADRC Nutrition PROGRAM GUIDELINES

*PLEASE REVIEW THE FOLLOWING CAREFULLY*

The restaurant voucher program is designed to allow more flexibility in dining location, hours, and menu choices. According to the Older American's Act, everyone who receives a meal must be given the opportunity to contribute towards the cost of the meal. The suggested contribution for each meal is \$5.00. Please donate what you can. No one will be denied service because of the inability to contribute.

Am I eligible?

- Anyone age 60 or older
- Any spouse or domestic partner of an eligible older individual participating in the program. Both individuals must attend dining site together
- A disabled adult who resides at home with an eligible older individual participating in the program.

Please complete the following forms and return them using the provided self-addressed envelope:

1. Registration Form (enclosed)
2. Voucher Order Form (enclosed)

Voucher coupons will be mailed after registration form and voucher order form has been received.

\*\*\*\*\*

*Please review the following information:*

- Expiration Policy – Vouchers expire at the end of each *calendar year*. Program vendors will not accept expired vouchers. Vouchers will change color annually. Clark County ADRC Nutrition is not able to “refund” expired vouchers. Please do your best to use them before they expire.
- Gratuity Policy – The program voucher includes tip. Please do not feel obligated to leave a tip.
- Program Approved Menu – You must order a meal from the program-approved menu. If you order something that is not on the program-approved menu, this will be at your cost.
- Voucher Usage – You can request up to 20 vouchers per person, per calendar month. Voucher request approval will be dependent on program funding and voucher availability.
- Suggested Contribution – The suggested contribution is \$5.00 per meal. You will not be denied a meal if you are unable to contribute. Contributions can be mailed to Clark County ADRC Nutrition Program, 517 Court Street, Neillsville, WI, 54456. Please note: The restaurant is unable to accept contributions.
- Voucher Guidelines – Vouchers are for YOUR use only. You may not “borrow” or “lend” your voucher to/from another person, even if they are enrolled in our program. Program guidelines restrict the vouchers to eligible participants only. Vouchers expire at the end of the calendar year.
- When using our program – Please present your voucher when you are seated at your table. Your signature on the voucher is required. In order to ensure an enrolled participant is using the voucher, the restaurant may require proof of identification. Please provide identification as needed.
  - Each participant who is ordering from the program menu must have his or her own program voucher; the restaurant is unable to divide meal portions.
- Our Intent – Our intent of the program is to provide healthful dining, along with the opportunity for socialization. “Take- Out” meals are not available. Of course, you may take your leftovers home.

\*\*\*\*\*

*You can mail your contributions for vouchers and the order form to request more vouchers.*

*Contributions can be mailed to Clark County ADRC Nutrition Program*

***Thank you for your support!***



**Clark County Nutrition  
2022 Voucher Dining Registration**

Please take some time to tell us about yourself. The information you provide is **CONFIDENTIAL**.  
If you have any questions while filling out this form, please request assistance by calling 715-743-5166.

<b>Name:</b> _____		<b>Other Name Used:</b> _____	
<b>Home Phone:</b> (____) _____ - _____		<b>Cell Phone:</b> (____) _____ - _____	
Do you have an answering machine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Date of Birth:</b> ____ / ____ / ____			
<b>Address:</b> _____ _____		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Gender Fluid/Not Exclusively Male or Female <input type="checkbox"/> Self-Describe (Please specify): _____	
<b>Mailing Address (if different)</b> _____ _____			
<b>What race do you identify with?</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Please specify): _____		<b>Income Information:</b> <i>Your answer does not affect program eligibility.</i>  Is your income at or below the following guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No  # in HomeMonth / Year 1. \$1,073 \$12,880 2. \$1,452 \$17,420 3. \$1,830 \$21,960 4. \$2,208 \$26,500	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
<b>What is your marital status?</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Living with Partner			<b>Household:</b> <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others.
Are you 60 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you live with another person who is age 60 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Statement of Meals/Vouchers:** Yes  No

Would you like a Statement of Meals sent to anyone other than yourself?

*A Statement of Meals informs participants how many meals/vouchers they received in that month.*

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact #1:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Nutrition Check List:** Please answer the below questions to find out your level of Nutritional Risk.

Nutritional Risk Questions	No	Yes	Score
I have an illness or condition that made me change the kind and/or the amount of food I eat.	<input type="checkbox"/>	<input type="checkbox"/>	2
I eat fewer than 2 meals a day.	<input type="checkbox"/>	<input type="checkbox"/>	3
I eat few fruits, vegetables, or milk products.	<input type="checkbox"/>	<input type="checkbox"/>	1
I have three or more drinks of beer, liquor or wine almost every day.	<input type="checkbox"/>	<input type="checkbox"/>	1
I have tooth or mouth problems that make it hard for me to eat.	<input type="checkbox"/>	<input type="checkbox"/>	4
I don't always have enough money to buy the food that I need.	<input type="checkbox"/>	<input type="checkbox"/>	2
I eat alone most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	1
I take 3 or more different prescribed or over the counter drugs daily.	<input type="checkbox"/>	<input type="checkbox"/>	2
Without wanting to, I have lost or gained 10 pounds in the last six months.	<input type="checkbox"/>	<input type="checkbox"/>	2
I am not always able to physically shop, cook and/or feed myself.	<input type="checkbox"/>	<input type="checkbox"/>	2

For each question you answered yes, add together the nutritional score.

Total: \_\_\_\_\_

**0-2 - Good:** *You're doing great! Recheck your score in 6 months.***3-5 - Moderate Risk:** *See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizen center or health department can help.***6+ - High Risk:** *Talk with your doctor, dietician or other qualified health or social services professional about any problems you may have and ask for help to improve your nutritional health. Recheck your score in 6 months.*Administrative Use Only  60+ yrs old Spouse 60+ Disabled Living with Elderly Volunteer High Nutritional Risk Paying Full Price

Reviewed By: \_\_\_\_\_

(Nutrition Team Staff Member)



**Clark County Nutrition Program  
2022 VOUCHER ORDER FORM**

Please keep in mind the following when requesting vouchers:

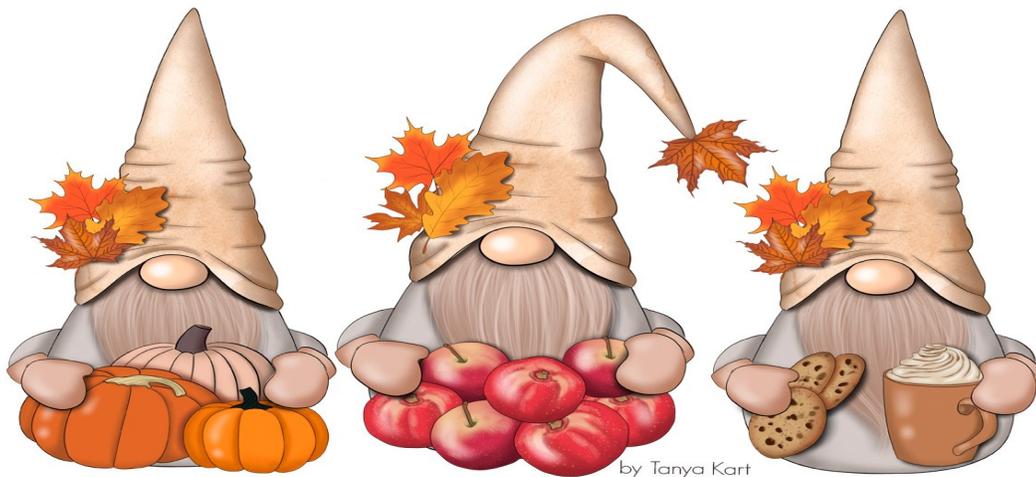
1. Clark County has available to participants a limited number of vouchers annually. This number is based on available program funding. If you request vouchers but do not use them in a timely manner, the unused vouchers are not available for others to use.
2. Maximum number of vouchers available to you per calendar month is 20 per person
3. Each person requesting additional vouchers must use a separate order form. **Vouchers are not automatically mailed and must be requested each month.**

*THANK YOU!*

<b>To receive dining vouchers, please complete this form and mail to:</b> Clark County Nutrition Program *Attention Senior Nutrition Program * 517 Court Street Rm 201 * Neillsville, WI 54456	
Name: _____	Phone: (____) _____
Mailing Address: _____	City/Zip Code: _____
Have you completed and submitted a program registration form: ( ) YES ( ) NO <small>If you selected No, please contact 715-743-5166 for information on registration</small>	
Please choose the number of vouchers you are requesting at this time for the person named above:  ( ) 5 Vouchers ( ) 10 Vouchers ( ) 20 Vouchers	
<b><i>Did You Know?</i></b> <b><i><u>Your contribution is very important to the continued success of this Nutrition Program!</u></i></b>	
These meals are funded with State and Federal grants, local tax dollars and participant contributions. Participant contributions account for 12% of the annual nutrition program funding.	
<b>Suggested Contribution per Voucher: \$5.00</b>	
Checks may be issued to : Clark County ADRC with Subject line: Senior Nutrition Program 5 Vouchers – Suggested Contribution of \$25.00 10 Vouchers – Suggested Contribution of \$50.00 20 Vouchers – Suggested Contribution of \$100.00	
<small>*The full cost of the meal is \$12.00 per program meal. * You will not be denied a meal if you are unable to contribute.</small>	
<b><i>The dining program serves more than just a meal! It is a well-balanced and nutritious meal that you choose when and where to eat along with the opportunity for socialization with family, friends and other seniors.</i></b>	

# SENIOR FARMER'S MARKET VOUCHERS

If you still have vouchers, please use  
them by October 31st!!



Find us on:  
**facebook**®

Check us out on our Facebook pages for  
updates, tips and more information provided  
especially for you.

Aging & Disability Resource Center  
of Clark County

**CHANGE OF SEASONS**  
**OCTOBER 29, 2022**  
**NEILLSVILLE & LOYAL**



This year the change of seasons will be taking place on October 29, 2022. If you are in need of any raking or light yard work please call the ADRC office at (715) 743-5166 or Judy Morrow at (715) 937-0675. For Loyal please call Bonnie Weyer at 715-965-9623.

The deadline for Volunteer sign up will be October 28th and the volunteers will meet at the United Church of Christ on October 29th at 8:30 a.m.

## **Incontinence Supplies**

For those who may not be able to afford incontinence supplies, the ADRC of Clark County is offering a free incontinence supply bank. You can call the ADRC to figure out where you can pick up the incontinence supplies at 715-743-5166.

# Medicare Open Enrollment Period (OEP)

October 15, 2022 – December 7, 2022

## Part C (Advantage) and Medicare Part D (Prescriptions)

Each year Medicare beneficiaries have the opportunity to make changes to Medicare Part C (Advantage) or Part D (prescription) plans during the Annual Enrollment Period (AEP). It is highly recommended ALL Part C or Part D beneficiaries review their plan during

the OEP to ensure maximum coverage and savings for the upcoming year.

4 Reasons to Check your coverage:	What you can do:
<p>1. <b>COSTS:</b> Each year, Medicare Part C and Part D plans have the opportunity to make changes to their premiums, deductibles, co-pays, coinsurance, provider networks and areas of coverage.</p> <p>2. <b>COVERAGE:</b> Each plan may alter the formularies (covered medications) by: adding, removing or changing tiers of medications.</p> <p>3. <b>RESTRICTIONS:</b> Plans may reduce or add restrictions to medications such as: quantity limits, step therapy and prior authorizations.</p> <p>4. <b>MEDICATIONS:</b> Your medication needs may be different than last year.</p>	<ul style="list-style-type: none"><li>☑ <b>READ</b> important notices. Medicare Part C and Part D plans are required to send an “Annual Notice of Change” postmarked by Sept. 30<sup>th</sup> to each of their members, explaining the changes for the upcoming contract year.</li><li>☑ <b>REVIEW</b> your current Medicare coverage to ensure you are in the most cost effective plan.</li><li>☑ <b>SHOP</b> around. Find the most cost-effective plan that fits your insurance needs.</li><li>☑ <b>WATCH</b> out for misleading marketing or enrollment fraud!</li></ul>

**ACT NOW... Do not wait!**

The ADRC of Clark County is available to provide UNBIASED information & assistance. If you are interested in re-evaluating and or switching your current coverage (Go to Page 2)



**SHIP**

State Health Insurance  
Assistance Program

▶ **RETURN** the completed forms to ADRC of Clark County by November 18, 2022

ATTN: ADRC Benefit Specialists

Mail

517 Court St., Rm. 201  
Neillsville, WI 54456

Fax

(715) 743-5240

**Additional UNBIASED Medicare Resources:**

- Medicare: 1-800-633-4227
- Medigap Helpline: 1-800-242-1060
- WI Prescription Drug Helpline: 1-855-677-2783
- Disability Drug Helpline: 1-800-926-4862  
(Disability not required to receive assistance)



**Report Medicare Fraud**

- Senior Medicare Patrol – 1-888-818-2611 or [www.smpwi.org](http://www.smpwi.org)

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# OEP Plan Comparison Request Form

You can join, switch, or drop a Medicare Advantage plan (Part C) or Drug plan (Part D) during this time **10/15/2022-12/7/2022**.

New plan will start **1/1/2023**.

**If enrolled in a Family Care program, contact your Care Manager**

**PRINT information as clearly as possible.**

**Note: Spouses need to complete separate forms.**

First Name:		MI:	Last Name:	
Date of Birth:	Age:	Gender:		Phone:
Street Address:		City:		Zip Code:
PO Box:		Marital Status: Single Married Divorced Widowed		
Ethnic Race: American Indian Asian Black/African American Native Hawaiian White White-Hispanic				

What type of health & medication coverage do you currently have? Please check ALL that apply:

- Veteran's Administration (VA)  Wisconsin State Medicaid  Supplemental Policy (Medigap)
- TRICARE for Life (Military) (BadgerCare+, MAPP, EBD)  Part D Prescription plan only
- Medications through the VA  Medicare Savings Program  Part C Advantage Plan WITH drug coverage
- Federal Employee Coverage (QMB, SLMB, or SLMB+)  Part C Advantage Plan – NO drug coverage
- Group- Employer or Retiree plan  Extra Help/Low Income Subsidy
- Union Coverage  Wisconsin SeniorCare

What comparison you are requesting? Please check ALL that apply

- Prescription Drug Plans  Advantage Plans NO Drug coverage  Advantage Plans WITH Drug coverage

How do you want your results?

- Information MAILED to you with instructions to complete enrollment on your own
- Schedule an APPOINTMENT to discuss results and complete enrollment

Medicare #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Part A: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Part B: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



**FINANCIAL Power of Attorney (Only if applicable. Disregard if it does not pertain.)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Attach POA/Guardianship Form\***

A benefit specialist will **NOT** be able to contact the POA/Guardian if proper documentation is not included.

List current prescriptions that you want your plan to help cover.

~ OR ~

Provide a printout from the pharmacy.

- Review any pharmacy printout for ACCURACY (Full name, dosage, number of pills/item at refill)
- Cross out meds you no longer take

**No over-the-counter medication.**

Name of Prescription (full label listing)	Dose (strength of med) & Form (Type)	# Pills/items Per Refill	Refilled how often?
Look at the prescription container and include abbreviations at the end of the drug name.  Examples: ER, CD, SA, TR, LA, XT, SR, XL	Dose examples: • mg, mcg, ml, etc.  Form examples: • tablet, capsule, vial, tub, pen, ointment, syringe, etc.	How many do you order at a time?	✓ frequency, (use best estimate for as needed meds)
1.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
2.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
3.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
4.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
5.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
6.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
7.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
8.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
9.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
10.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
11.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
12.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
13.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month

14.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
15.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month
16.			<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 2 month <input type="checkbox"/> 12month

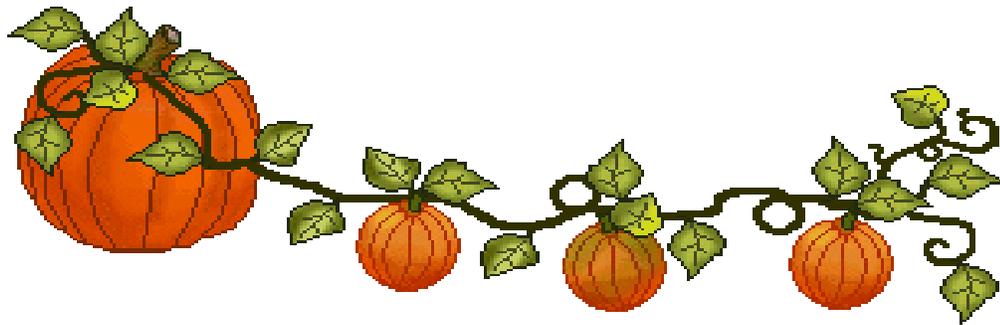
~Attach a separate sheet of paper if more space is needed~

**Preferred Pharmacy(s) \*If not listed, a pharmacy will be chosen for you.**

#1 Pharmacy & Location: \_\_\_\_\_

#2 Pharmacy & Location: \_\_\_\_\_

Do you want Mail Order Pharmacy option? YES -or- NO



**The Moderna COVID-19 bivalent (updated) booster is available at the Clark County Health Department (CCHD) for those age 18+.**

For more information, please call the CCHD  
Immunization Hotline at:  
**715-743-5292.**

# 2022 Adult (18+) Flu Clinics

**The Clark County Health Department (CCHD) will be facilitating off-site flu clinics in October!**

The high-dose flu vaccine for people 65 years of age & older may be available.

Availability depends on when the vaccine manufacturer ships the flu doses.

**High-dose flu vaccine provides better protection against influenza for this age group, compared to a standard-dose flu vaccine.**

10/12

## **Thorp Fire Department**

101 N. Wilson St., Thorp, WI 54779

9:00am-Noon

10/13

## **American Legion Post 73**

6 Boon Blvd, Neillsville, WI 54456

9:00am-Noon

10/14

## **Colby Community Library**

505 W Spence St., Colby, WI 54421

9:00am-Noon

**These are walk-in clinics. NO appointment needed!  
Wait times are expected. We appreciate your patience.  
Please stay home if you are ill.**

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The CCHD will bill Security Health Plan, Security Administrative Services, UMR, Medicaid/BadgerCare+, Medicare, and AdvoCare insurance plans.

**Private pay for the standard-dose flu vaccine - \$35.**

**Private pay for the high-dose flu vaccine - TBD.**

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**Clark County Health Department**

517 Court St. - Room 105, Neillsville, WI 54456

Immunization Hotline: (715) 743-5292

## Mental Health Awareness Week Oct 2nd—8th

Mental health plays an important role in overall health. Check out these wellness tips to improve your mental health:

- **Get plenty of rest**—aim for 7-8 hours each night.
- **Go for a walk**—get outside and get physical activity.
- **Exercise your mind**—challenge yourself with puzzles, riddles, or a good book.
- **Spend time with others**—connectedness with others is important to our health.
- **Volunteer**—helping others is a mood booster and can be an opportunity for engagement and community.



## Breast Cancer Awareness Month

One in eight women in the United States will develop breast cancer in her lifetime. Early detection greatly increases survival rates.

- ◆ Perform a breast self-exam once per month.
- ◆ See your provider annually for a clinic breast exam.
- ◆ Women over the age of 40 should have a mammogram every 1-2 years.





**Main Office**  
23122 Whitehall Road  
P.O. Box 125  
Independence, WI 54747  
(715) 985-2391  
Toll free: (800) 782-1063

**Eau Claire Office**  
418 Wisconsin Street  
Eau Claire, WI 54703  
(715) 836-7511  
[www.WesternDairyland.org](http://www.WesternDairyland.org)

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## ENERGY ASSISTANCE PROGRAM NOTICE (September, 2022)

The Wisconsin Home Energy Assistance Program (WHEAP) provides eligible households with assistance for their home heating and energy costs. This program can offer a one-time per heating season (October 1 to May 15) benefit to help with fuel and electrical expenses and is generally paid directly to the fuel or electrical supplier.

The 2022 – 2023 Wisconsin Home Energy Assistance Program season will be starting 10/1/2022.

To apply for Energy Assistance you can choose what is most convenient for you:

**Option 1:** Complete an **Online Application** at [www.homeenergyplus.wi.gov](http://www.homeenergyplus.wi.gov)  
(IF YOU SUBMIT AN ONLINE APPLICATION – PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE PROCESSED BY WESTER DAIRYLAND BUT WILL BE PROCESSED BY A CENTRALIZED AGENCY ENERGY SERVICES INC LOCATED IN MADISON)

OR

**Option 2:** Call 715-836-7511 and Press 0 or email [energy@wdeoc.org](mailto:energy@wdeoc.org) to schedule a **Phone Appointment**.

OR

**Option 3:** Request a paper application be sent to you. Gather your income verification documents. Submit your completed application and required documents by mail or drop off at:

Western Dairyland  
418 Wisconsin Street,  
Eau Claire, WI 54703.

**Please contact our office if you have any questions**

**715-836-7511**

**\*\* See the back side of this letter for a checklist of required documents \*\***



Use the checklist below to ensure the application is complete **PRIOR** to submitting your application. Incomplete applications and/or missing verifications will delay the processing of the application.

	Include ALL income for every household member Provide income verifications for all income:
	SS / SSDI / SSI –Current year award letter or bank statement
	SSI State of WI – submit bank statement for prior month
	VA Benefit – Current year award letter or bank statement
	Pension / Annuities / IRA distributions – submit most recent 1099/1040 tax form
	Interest / Dividends – submit most recent 1099/1040 tax form
	Self-employment – you will need to complete a Self-Generated Income Report form or provide most recent completed tax forms

Once you have gathered the required verifications, submit your completed and signed application along with the required verifications to Western Dairyland.

The State of Wisconsin Department of Administration will send you a benefit notice informing you of the amount of assistance you are eligible to receive.

HOUSEHOLD SIZE	ONE MONTH INCOME	ANNUAL INCOME
1	\$ 2,675.25	\$32,103
2	\$ 3,498.42	\$41,981
3	\$ 4,321.58	\$51,859
4	\$ 5,144.83	\$61,738
5	\$ 5,968.00	\$71,616
6	\$ 6,791.17	\$81,494
7	\$ 6,945.50	\$83,346
8	\$ 7,099.83	\$85,198



## COMPUTER CLASSES FOR OLDER ADULTS

**6-weeks of classes For older adults  
basic to intermediate coursework**

**Small class size for individualized attention**

**You do not have to own a computer to attend**

**If you need assistance to be able to attend contact us**

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**Contact the ADRC for more information**

**715-743-5166**

**1-866-743-5144**



**Next Session starting: October 18, 2022**

**6 weeks: October 18, 25, Nov 1, 15, 22 & 29 10:00AM-11:30**

**Where: Loyal Public Library**

**214 N Main St. Loyal, WI**



**\*CVTC does not discriminate on the basis of race, color, national origin, sex, disability, or age in employment, admissions, programs, or activities. General inquiries regarding the College's non-discrimination policies may be directed to: Director of Human Resources, Chippewa Valley Technical College, 620 W. Claremont Ave. Eau Claire, WI 54701.**

# **Reminder: Get Your Flu Shot**

*By the GWAAR Legal Services Team (for reprint)*

Flu season starts each fall and lasts until the following spring. The Centers for Disease Control and Prevention (CDC) recommends that everyone six months of age and older get a flu shot every season with few exceptions. Vaccination is especially important for people who are at high risk for complications from the flu. People aged 65 and older are at great risk of serious complications compared with younger adults.

It's important to get vaccinated before flu activity begins in your community. In general, it takes about two weeks after vaccination for antibodies to develop in your body and provide protection against the flu. If possible, you should get a flu shot before the end of October. However, getting vaccinated later can still help later in the season while flu viruses are circulating.

In addition, it's safe to get the flu shot with other vaccines. Protect yourself against COVID-19 by getting your COVID-19 vaccine or booster at the same time as your flu shot.

Most insurance, including Medicaid, covers an annual flu shot without charging a copay or coinsurance. Check with your plan to find out whether you must go to a specific provider to receive the shot. Original Medicare Part B covers 100% of the Medicare-approved price when you receive your flu shot from a provider that accepts Medicare. Additionally, Medicare Advantage Plans are required to cover flu shots without deductibles, copayments, and coinsurance, as long as you get the flu shot from an in-network provider. □

## **SeniorCare Coverage of Vaccines**

*By the GWAAR Legal Services Team (for reprint)*

SeniorCare now covers vaccines that you get at a pharmacy. You will not need a prescription for vaccines, and you will have no out-of-pocket costs for vaccines you receive at pharmacies. Please note that SeniorCare will not cover vaccines you get at a doctor's office or clinic.

SeniorCare will only cover vaccines that are recommended for adults ages 65 and older by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices and that are given by a pharmacist who has completed the required training in vaccine administration. If you get them at a pharmacy, SeniorCare will cover the following vaccines:

Chickenpox/shingles

COVID-19

Flu

Hepatitis A and B

Meningitis

Pneumonia

Tdap (tetanus, diphtheria, pertussis)

Talk to your pharmacy to learn which vaccines are available and how to schedule an appointment. You should bring your SeniorCare card to your appointment. You will not have any out-of-pocket costs for vaccines covered by SeniorCare at a pharmacy. Your out-of-pocket costs for other prescription drugs covered by SeniorCare will remain the same.

If you have other health insurance, like employer insurance, VA coverage, a Part D plan, or a Medicare Advantage (Part C) plan, follow that plan's guidance for how to receive a vaccine. If your insurance covers vaccines at a pharmacy, use this coverage first. SeniorCare will cover any copays or deductibles. Remember that you must use other health insurance that you have before using SeniorCare. If you have no other coverage through Medicare Part B or D or primary insurance, vaccines will be covered by SeniorCare when you get them at a pharmacy.

Please see the table below for information on Medicare coverage of vaccines. If you have Medicare Part B and meet Medicare coverage criteria, you should use this coverage when you receive vaccines that are covered by Part B. If you have Original Medicare, you will not pay anything for these vaccines if you see a provider who agrees to accept the Medicare-approved payment amount as payment in full. Likewise, if you have a Medicare Advantage plan, the plan will cover Part B vaccines without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements for the vaccine.

If you have any questions about these changes to SeniorCare, please call the SeniorCare Customer Service Hotline at 800-657-2038, Monday through Friday, from 8 a.m. to 6 p.m.

Vaccine	Medicare Coverage
Influenza (flu)	Part B pays for one shot every flu season. Additional flu vaccines may be covered if considered medically necessary. If you have a Medicare Advantage plan, contact your plan for more information.
COVID-19	Part B covers FDA-approved COVID-19 vaccines and boosters and the administration of the vaccines at no cost to beneficiaries. If you have a Medicare Advantage plan, contact your plan for more information.
Pneumonia	Part B pays for one shot, recommended for all adults age 65+ and younger adults with chronic health conditions. If you have a Medicare Advantage plan, contact your plan for more information.
Hepatitis B	Part B covers the series of three shots for high- or medium-risk individuals, including those with hemophilia, end stage renal disease, diabetes, and other chronic conditions that lower resistance to infection. If you have a Medicare Advantage plan, contact your plan for more information. (A prescription drug plan may cover the vaccine for someone who does not satisfy Part B coverage criteria. Contact your drug plan for more information.)
Hepatitis A	Part D. Contact your drug plan for more information.
Meningitis	Part D. Contact your drug plan for more information.
Shingles	Part D covers two doses of Shingrix, separated by 2 to 6 months for healthy adults 50 years and older. Contact your drug plan for more information.
Tdap (Tetanus, Diptheria, Pertussis)	Part D. Contact your drug plan for more information.
Varicella (Chickenpox)	Part D. Contact your drug plan for more information.

# Inflation Reduction Act

*By the GWAAR Legal Services Team (for reprint)*

Congress recently passed the Inflation Reduction Act of 2022 (IRA). A major component of the IRA is the reforms made to the Medicare Part D program.

Highlights of the IRA's changes include the following:

- **Extra Help/LIS**

- o In 2024, the income limits for Medicare Part D "Extra Help" (also known as the low-income subsidy (LIS)) will be raised to 150% FPL (Federal Poverty Level). This will eliminate the partial subsidy level entirely. However, full-subsidy asset limits will now apply to all beneficiaries.

- **Out-of-Pocket Costs**

- o In 2023, insulin costs for people with Medicare will be capped at \$35 per month with no deductible.

- o In 2024, cost sharing will be eliminated in the Part D catastrophic phase, effectively capping out-of-pocket costs at the catastrophic threshold.

- o In 2025, a new monthly cost-sharing cap policy will allow people to choose to spread their out-of-pocket costs throughout the year. This option will also be available to people with Extra Help/LIS.

- **Vaccines**

- o In 2023, Medicare will cover all recommended vaccines with no cost-sharing for beneficiaries. Specifically, the IRA aligns vaccine coverage under Part B and Part D and eliminates cost-sharing and deductibles for vaccines covered under Part D, such as shingles.

- o The IRA also improves access to vaccines for adults with Medicaid by requiring coverage of all recommended vaccines, including administration, with no cost sharing and enhancing federal reimbursement to states.

- **Drug Prices Lowered**

- o Medicare is now required to negotiate the prices of certain high-cost prescription drugs covered under either Part D or Part B.

o In 2023, the IRA also requires prescription drug manufacturers to pay rebates to the government if they raise the price of a drug covered by either Part D or Part B above the inflation rate. This inflationary rebate rule is similar to existing rebates in the Medicaid program and its aim is to discourage pharmaceutical companies from making large price hikes.

#### · **ACA Marketplace Tax Credits**

o The IRA extends the enhanced premium tax credits for Affordable Care Act Marketplace coverage for three years (through 2025), which will help older adults not yet eligible for Medicare.

For more information, visit: [How Medicare Prescription Drug Reforms in the Inflation Reduction Act Help Low-Income Older Adults \(justiceinaging.org\)](#) □

## **FDA Finalizes Rule Allowing Access to Over-the-Counter Hearing Aids**

*By the GWAAR Legal Services Team (for reprint)*

Last month, the U.S. Food and Drug Administration (FDA) issued a final rule to improve access to hearing aids. This action establishes a new category of over-the-counter (OTC) hearing aids, enabling consumers with mild to moderate hearing impairment to purchase hearing aids directly from stores or online retailers without the need for a medical exam, prescription or a fitting adjustment by an audiologist.

The OTC category established in this final rule applies to certain air-conduction hearing aids intended for people 18 years of age or older who have perceived mild to moderate hearing impairment. Hearing aids that do not meet the requirements for the OTC category (for example, because they are intended for severe hearing impairment or users younger than age 18) still require a prescription.

Consumers could see OTC hearing aids available in traditional retail and drug stores as soon as mid-October when the rule takes effect.

For more information, visit: <https://www.fda.gov/news-events/press-announcements/fda-finalizes-historic-rule-enabling-access-over-counter-hearing-aids-millions-americans> □

# SENIOR NUTRITION EDUCATION

## PARMESAN BROILED TOMATOES

SERVES 2-3



### Ingredients:

- \* 2 Roma tomatoes halved lengthwise
- \* 1/4 c Italian-style breadcrumbs
- \* 2 tbsp. shredded parmesan cheese
- \* 1 tbsp. chopped fresh parsley
- \* 2 tbsp. extra virgin olive oil
- \* Salt and pepper to taste.

### Directions

1. Place tomato halves on a pan, cut side up.
2. In a mixing bowl, combine the rest of the ingredients. (If mixture is too dry, add in a 1/2 tsp olive oil more until desired texture).
3. Top each tomato half with 1 tbsp. of the mixture, mounding it. Place the tomatoes in the oven until cheese is melted and topping is slightly brown, about 3-5 minutes.

Tomatoes are juicy and sweet, full of antioxidants, and may help fight several diseases. They are especially high in lycopene, a plant compound linked to improved heart health, cancer prevention, and protection against sunburns. Tomatoes can be a valuable part of a healthy diet. During the month of September the Clark County Nutrition Program, at our Congregate meal sites, prepared and sampled a healthy way to prepare Roma tomatoes.

## Genetic Results from the *All of Us* Research Program

Did you know you can donate even more health data by sharing just a little saliva or blood? Not only will you be helping to advance medical research, but you could learn more about your genetic ancestry and trait results, with health-related results at a later date! Here's how.

### How to Get Your DNA Results

To get your health-related DNA results from *All of Us*, there are some initial steps you will need to complete:

- Create an *All of Us* account

- Sign the **Consent to Join the *All of Us* Research Program**

- Agree to share your electronic health records (EHR) with the program

- Go through the **Consent to Get DNA Results** and tell us you want your DNA results

- Complete **The Basics** survey

- When invited to do so, provide your blood and/or saliva samples

Please make sure your contact information is up to date in your *All of Us* account. We will notify you when we are ready to check your DNA for a specific type of result. It may take a few months or years for *All of Us* to check your DNA. Everyone will get their results on an individualized timeline.

### Hereditary Disease Risk

If you provide a blood or saliva sample, we can check your DNA and share the results with you. For example, some variations in genes that are passed down from generation to generation are associated with a higher risk of certain serious health conditions. We call this your hereditary disease risk.

These DNA results may be important for your blood relatives. Here's why: Because gene variants can be passed down from one generation to the next, the associated health conditions are sometimes passed down from parents to children.

If you tell us you want your results, we will look at several genes known for their link to serious health conditions. Many of these conditions are associated with heart disease or certain types of cancer. You can find a full list of these genes at [JoinAllofUs.org/hereditary-disease-risk](https://JoinAllofUs.org/hereditary-disease-risk).

You can speak with a genetic counselor to learn more about what your results mean for you and your family. It is free to schedule an appointment, and you can schedule as many as you would like to help answer your questions.

If your DNA report says that you may have a higher risk of a condition, that does not mean that you have that condition right now. It does not mean that you will definitely get that condition in the future. It does not mean that your parents have that condition or that your kids will have that condition. It just means that you have a higher chance of developing that condition than the average person.

### **To Get Your Journey Started**

To start the participant journey, go to [marshfield.JoinAllofUs.org](https://marshfield.JoinAllofUs.org) to create an account, give your consent, agree to share your electronic health records, complete consents, and answer health surveys. An *All of Us* staff member may contact you for an in-person appointment to have your measurements (height, weight, blood pressure, etc.) taken and to give blood and urine samples. After completing these steps, you will receive a \$25 gift card. You can call (888) 633-9987 or email [allofus@marshfieldresearch.org](mailto:allofus@marshfieldresearch.org) to set up an appointment where *All of Us* staff can walk you through the enrollment process.

Follow us on Twitter, Instagram, and Facebook at [@AllofUsMCHS](https://twitter.com/AllofUsMCHS) for updates and upcoming events.

This work is supported by the *All of Us* Research Program, part of the National Institutes of Health, under award number OT2OD026555.

*All of Us* and the *All of Us* logo are service marks of the [U.S. Department of Health & Human Services](https://www.hhs.gov/).

# Residential Care Options

## Visiting Someone in Dementia Care

When someone has just moved into a dementia community

- During the first two weeks, visit often and stay as long as you want. If the facility has a policy of not allowing visitors for the first two weeks during the adjustment period, consider whether this is the right facility for you.
- If the facility has a policy of not allowing visitors for the first two weeks during the adjustment period, consider whether this is the right facility for you.
- Announce yourself to your loved one: “Hi mom, it’s me, Susan.”
- Introduce yourself to the staff.
- Bring favorite foods.
- Decorate the room with familiar objects. Add flowers, plants, pictures of family/friends, artwork. Make a large poster with family pictures from the past and hang it in the room. Add flowers, plants, pictures of family/friends, artwork. Make a large poster with family pictures from the past and hang it in the room.

If your loved one is agitated about the move, have a story you use consistently about why he or she has to stay there “for a little while.” These are fiblets.”

(examples below)

“The house is being painted and I don’t want you to smell the fumes.”

“I need to have a minor medical procedure and I can’t take care of you while I am recovering.”

“I am having some termite work done on the house.”

“The city is fixing the sewer.”

If this does not divert the person's attention, change the subject and discuss the latest ball game, the weather, politics, the grandchildren, etc.

- Play games such as cards, dominoes, or whatever the person used to do.
- Watch TV together. Listen or sing along to music.
- Respond to "I want to go home." This is usually a way of saying "I am not comfortable"—it is not about the physical home, which is how we hear it.
- Say "Tell me about your home" or "What's your favorite thing at home?"

After two weeks or so, start to wean yourself and your loved one

- Visit every other day instead of every day, eventually go every third day.
- Make a mental list of things to talk about, as your loved one won't have information to share with you. Bring treats to eat.
- Learn the schedule and visit during "free time" rather than activity time.
- Take your loved one for walks around the facility, particularly in the garden, if they have one.
- Bring photo albums to look through, or a tablet or cell phone to visit Facebook to share pictures and stories of family and friends.
- If you know someone else has visited, remind your loved one that they came.
- Shorten your visits. The person with dementia usually doesn't remember if you have been there for five minutes or five hours. Ultimately it's better to visit three times per week for 20 minutes than once a week for an hour.
- Do not go on outings until your loved one is totally adjusted to their living situation, and then only if you think it would be helpful and not confusing.
- Come with a friend or someone else who knows the person. Remind your loved one who this other person is.

- Bring videos that you would like to watch and watch them together, particularly comedies and old movies. Even if he/she can't follow the story, they can often enjoy the experience, and you can hold hands or sit close and feel connected during this time.

### Other Tip Sheets

1. [The Right Time](#)
2. [Housing Options](#)
3. [Choosing The Right Place](#)
4. [Caregiving Doesn't End When Your Loved One Moves](#)
5. [Visiting Someone With Dementia](#)

### More Resources

**Family Caregiver Alliance *National Center on Caregiving***

(415) 434-3388 | (800) 445-8106 Website: <https://caregiver.org/>

Visit [WisconsinCaregiver.org](https://www.wisconsin.org/caregiver.org) for free online training, resources, and connections to local programs that can support you in your caregiving role.





Photos courtesy of pixabay.com

## Eat Well, Age Well

### Cholesterol Education Month

National Cholesterol Education Program (NCEP) is a program initiative to inform American's on how to reduce illness and death from coronary heart disease (CHD) by reducing elevated levels of cholesterol.

Cholesterol education is to help prepare individuals on what can be done to stop CHD. A few things to do for protection are primary prevention including screening, build a healthy routine including exercise, and eating foods high in antioxidants and omega-3 fatty acids such as berries, fish, and nuts. Each action taken will aid in the eradication of chronic diseases that occur with high cholesterol such as CHD.

The American Heart Association recommends all adults over age 20 have regular screening to check their cholesterol levels every 4-6 years. This is huge in prevention since high cholesterol does not normally have symptoms and can be unnoticed for years.

What can be done to protect yourself against high cholesterol is to have a get 8-10 hours of sleep, consume nuts and berries and to have daily movement. Start at a place you know you can reach such as 10 minutes of walking, then move to a longer duration of activity.

Source adapted from: [https://www.medicinenet.com/cholesterol\\_levels\\_pictures\\_slideshow/article.htm](https://www.medicinenet.com/cholesterol_levels_pictures_slideshow/article.htm)

### Weekly Challenges

Tend to your health and get 8-10 hours of sleep

Get outside and exercise for 15-30 minutes a day

Schedule a health screen if you know one is due

Mix and match berries and nuts into your weekly grocery list!

**Did you Know...**  
**51% of adults 65+ In WI have high cholesterol!**



Photo Courtesy of Pixabay.com

**EAT WELL, CARE WELL.**

**EAT BETTER, EAT TOGETHER.**

**WHY EAT SEASONALLY?**

- Buying locally grown fruits, vegetables, and herbs help support local farms and maintain farmland.
- Seasonal food is fresher, tastier, and more nutritious than food consumed out of season
- Local growers can share what practices they use to raise and harvest their crops.

**WHERE TO BUY SEASONAL PRODUCE?**

- Local farmers' market
- Local Community Supported Agriculture (CSA) programs
- Restaurants and businesses committed to seasonal, local food

## WEEKLY CHALLENGES

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MAKE A MEAL USING IN-SEASON FRUITS AND VEGETABLES.

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INCORPORATE A NEW TYPE OF SQUASH INTO YOUR MEAL.

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TRY A NEW RECIPE WITH SQUASH.

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LIMIT "JUNK-FOOD" SNACKS.

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# AUTUMN



Q L W E J M E D I R Y A H K Z B N U T C V P  
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 R B S A Z D E P Q N J W I V G X T L E K F H  
 Y Q U I L T K J F U B H O A E C O L Q D B S  
 A K X L C V N R E D I P S L M R B H U Z I F  
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 M O G F T W L E V S N B R U T N I A N P H Q  
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 W X B D O J H A R V E S T P C I O Q Y S N L  
 L H Z M S I J F W O R C A Q Y N K B P U G X

apples	colorful	frost	pumpkin	squash
autumn	cozy	harvest	quilt	squirrel
birds	crow	hayride	rake	sunflower
blanket	deciduous	jacket	rustling	sweater
bonfire	equinox	leaves	scarecrow	trees
changing	flannel	migrate	season	vegetables
cider	foliage	orchards	spider	wheelbarrow





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