

Newsletter

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Senior Farmers' Market Vouchers

If you are age 60 or older (or age 55 if Native American) and enjoy fresh produce, the Aging and Disability Resource Center of Clark County has Senior Farmers' Market Vouchers available beginning June 1st. The Vouchers are in \$5.00 increments(\$35 value) and can be used to purchase locally grown fruits, vegetables, and herbs from certified farmers.

If you are interested in learning more about the Senior Farmers' Market Vouchers, please call the ADRC of Clark County locally at 715-743-5166 or toll free at 1-866-743-5144 to see if you are eligible or stop by the ADRC office at the Clark County Courthouse, 517 Court St., Rm. 201, Neillsville.

2023 Income Eligibility Table

Effective: June 1, 2023 Based on 185% of the US Dept. of 2023 Health & Human Services

Use total gross income—before taxes and deductions—of ALL household members.

Household Size	Yearly	Monthly	Weekly	
1	\$26,973	\$2,248	\$519	
2	\$36,482	\$3,041	\$702	
3	\$45,991	\$3,833	\$885	
4	\$55.500	\$4.625	\$1.068	

GET YOUR VOUCHERS

- Loyal Library
 June 13, 2023
- Greenwood Library
 June 20, 2023
 - Thorp Library
 June 21, 2023



Age 60 or older (or age 55 if Native American

Effective: June 1, 2023 Based on 185% of the US Dept. of 2023 Health & Human Services Poverty Guidelines.

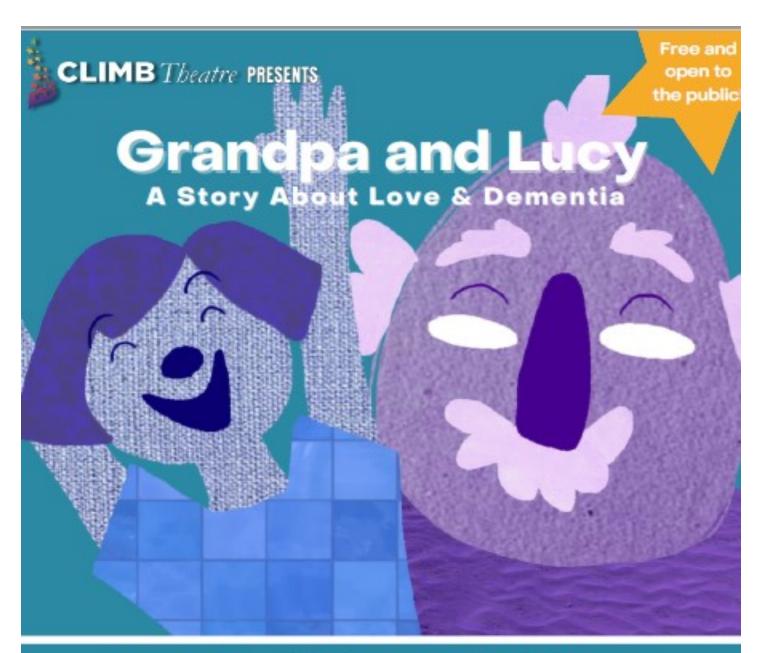
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June 21, 2023 at 10:00 a.m. Loyal Elementary School

514 W Central St, Loyal, WI 54446

ABOUT THE SHOW

Inspired by the children's book written by Edie Weinstein, Grandpa and Lucy: A Story About Love & Dementia helps kids and families strengthen intergenerational relationships with older relatives who may be struggling with Alzheimer's or other forms of dementia. There will be a talkback following the performance.













Italian Day

Owen Nutrition Center 112 E. 5th Street, Owen WI 54460 10:30 a.m. on June 21, 2023

Please join us for "Italian Day" at the Owen Nutrition Center

Kim (from the ADRC Office) will be demonstrating how to make Air Fryer Ravioli. She will have information on air fryers and any questions you may have with their use. If you struggle with what to cook, there will also be information and discussion on "Cooking for 1 or 2". The meal for the day will be spaghetti with meat sauce, carrots, spinach salad, garlic bread and apricots. Anyone age 60 years of age or older is welcome to attend. Suggested contribution is \$4.00 for the meal. Samples from the demonstration will be shared as appetizers before the meal. Please call the Owen Nutrition Center at 715-229-4567 or ADRC Office at 715-743-5166, toll free 1-866-743-5144 by Friday June 16th at 12:00 to reserve your spot for Italian Day.





Medicare Fraud Prevention Week Starts June 5

Everyone Can Prevent Medicare Fraud

By the Senior Medicare Patrol Resource Center



Fraud costs Medicare an estimated \$60 billion per year. It costs Medicare beneficiaries in time, stress, their medical identities, and potentially their health. It costs families, friends, and caregivers in worry and lost work when helping their loved ones recover from falling victim to Medicare fraud.

"Medicare fraud has a devastating impact on both beneficiaries and the Medicare program," said Ingrid Kundinger, Project Manager, Senior

Medicare Patrol in Wisconsin. "We teach people how to avoid experiencing Medicare fraud. By preventing fraud from happening, this program helps individuals and protects the Medicare program for generations to come."

Learn how to protect yourself and your loved ones by joining the Senior Medicare Patrol (SMP) and their partners for Medicare Fraud Prevention Week, held June 5–11, 2023. This observance starts on June 5, or "6-5," because most people become eligible for Medicare when they turn 65 years old.

"We're excited to teach people both about how to protect themselves from Medicare fraud and about the services that the Senior Medicare Patrol program offers. We hope that people will remember the numbers '6-5' to help us celebrate Medicare Fraud Prevention Week," said Ingrid.

Medicare Fraud Prevention Week Starts June 5 continued from page 1

Everyone plays a part in the fight against fraud. During Medicare Fraud Prevention Week:

- Medicare beneficiaries can monitor their insurance statements to make sure products and services received match what is on the statements. They can request free My Health Care Trackers from their local SMP.
- Caregivers can help by being on the lookout for items such as durable medical equipment (like boxes of knee braces) lying around the house that may have been shipped to the beneficiary without their or their doctor's approval. They can remind their client or loved one to never give out their Medicare number or other personal information over the phone.
- Families can help by talking to their loved ones about protecting their Medicare number just as they would a credit card number. They can help their loved ones create a Medicare.gov account to access their Medicare statements online or remind them to open and review them when they come in the mail. They can also register their phone number on "do not call" lists and go to optoutprescreen.com to opt out of mailings.
- Partners and professionals can help by sharing SMP information on social media, referring clients and consumers to the SMP, and inviting the SMP to speak during a shared event.

- Health care providers can help by talking to patients about health care-related scams such as those related to durable medical equipment and genetic testing schemes. They can remind them that products and services should only be ordered by physicians they regularly see. Needed medical items should never be ordered through TV ads or unsolicited calls.
- Community members can help by looking out for older neighbors. When in public, they can be aware of older individuals purchasing gift cards in large amounts. They can encourage those they know to talk to a trusted source about their Medicare questions and tell neighbors about the most recent Medicare scams. They can even consider volunteering with the local SMP!

The Senior Medicare Patrol (SMP) is ready to provide you with the information you need to PROTECT yourself from Medicare fraud, errors, and abuse; DETECT potential fraud, errors, and abuse; and REPORT your concerns. SMPs help educate and empower Medicare beneficiaries in the fight against health care fraud. Your SMP can help you with your questions, concerns, or complaints about potential fraud and abuse issues. It also provides information and educational presentations.

IMPORTANT

Message to Medicare Beneficiaries

From the National Senior Medicare Patrol Resource Center

On behalf of CMS, we want to remind beneficiaries to protect their Medicare card and Medicare number by only sharing this information with health care providers, insurance companies or health plans (and their licensed agents or brokers), or SMPs that you trust to work with Medicare. We advise you to not make copies (or pay others to make copies) of your Medicare cards or laminate the cards. For beneficiaries who have an account at Medicare.gov, you can easily print or order an official replacement card, if your original card is lost or damaged.

Guard your Medicare card and number like a credit card! Don't share your number, laminate it, make copies, or let anyone else make a copy. If you need an official replacement card, you can print or order one at Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

WISCONSIN SENIOR ADVOCATES (WSA)

NEED

YOU!

Wisconsin Senior Advocates (WSA) is a coalition of older adults that wish to have input on policies and procedures affecting the older adult population in the State.

Activities and Goals:

- Member of the Wisconsin Aging Advocacy Network (WAAN). Participate in WAAN activities including Aging Advocacy Day at the Capitol.
- Keeps informed of issues at the Local, State & Federal levels.
- Advocates on issues at all levels that impact the senior community - Providing information to elected officials including phone calls, office visits, budget testimony and more.
- Works with older adults on how to advocacy for themselves and their needs.

Contacts: Esther Olson - <u>olson3207@gmail.com</u>
Stephanie Sue Stein - <u>ssstein@gmail.com</u>
Dain Maddox – dainmaddox@gmail.com
Jim Schmidlkofer - aged cheddar@yahoo.com

Law Enforcement Memorial Week was observed May 14-20, 2023. It is a time when citizens come together as a nation to remember and honor the brave men and women who have made the ultimate sacrifice in the line of duty. Sacrifice is very fresh in our minds in Wisconsin as St. Croix County Deputy Kaitie Leising was killed in the line of duty. In April 2023, Chetek Police Officer Emily A. Breidenbach and Cameron Police Officer Hunter T. Scheel were killed in the line of duty. In February 2023, Milwaukee Police Officer Peter Jerving was killed in the line of duty. According to the Wisconsin Professional Police Association, this year marks the most Officers lost in a single year since 2000. And it's only June...

Like Deputy Leising, Officers Breidenbach, Scheel and Jerving, law enforcement officers put on their badges and uniforms knowing they may be putting themselves in harm's way to protect and serve the citizens. These heroes were mothers, fathers, sons, daughters, brothers, and sisters.

As we reflect on the sacrifices of these brave men and women, let us also remember the law enforcement officers who continue to serve and protect. Thank you for your support and your respect. Law enforcement work is not easy work. It's very demanding and we are expected to be perfect in making split-second decisions. We are not perfect, we are human, and we are going to make mistakes just like you. I know the staff at the Clark County Sheriff's Office give their very best daily to serve the citizens. There are many like us around the state and this nation.

In closing, please remember and honor those who were killed in the line of duty. And let us continue to pray, support and stand by those who continue to serve the citizens as law enforcement officers. Thank you.

Soutt Haines

Clark County Sheriff 517 Court St., Rm. 308 Neillsville, WI 54456 (O) 715-743-5357 (C) 715-937-0176



COVERAGE FOR COVID-19 TESTS

Testing remains an important tool in combating the spread of COVID-19



What you need to know

The COVID-19 Public Health Emergency is expected to end on May 11, 2023.

Until then, if you have any type of health insurance, you can get up to eight over-the-counter tests per month with no outof-packet casts. Over-the-counter tests are available in most pharmacies and may also be available online for delivery.

After May 11, 2023

Laboratory tests for COVID-19 that are ordered by your provider will still be covered with no out-of-packet costs for people with Medicare. Over-the-counter tests will still be available, but there may be out-of-packet costs. Coverage of over-the-counter tests may vary by your insurance type, as described below.

Medicare

Generally, Medicare doesn't cover or pay for over-thecounter products. The demonstration that has allowed us to offer coverage for COVID-19 over-the-counter tests at no cost ends on May 11, 2023.

However, if you are enrolled in Medicare Part B, you will continue to have coverage with no out-of-pocket costs for appropriate laboratory-based COVID-19 PCR and antigen tests, when a provider orders them (such as drive-through PCR and antigen testing or testing in a provider's office).

If you are enrolled in a Medicare Advantage plan, you may have more access to tests depending on your benefits. Check with your plan.

Medicald or Children's Health Insurance Program

If you have coverage through Medicaid or the Children's Health Insurance Program, you will have access to COVID-19 over-the-counter and laboratory testing through September 30, 2024. After that date, coverage of testing may vary by state.

Private insurance

If you have private insurance, coverage will vary depending on your health plan. However, private plans won't be required by federal law to cover over-the-counter and laboratory-based COVID-19 tests after May 11,2023.

If your insurance chooses to cover COVID-19 testing, they may require cost sharing, prior authorization, or other forms of medical management.

Before you throw out "Expired" tests, remember that expiration dates on some tests have been extended.

For more information, please see: www.fda.gov/medical-devices/coronaviruscovid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list



COVID-19 Vaccine Update

Most individuals who have already received a single dose of the bivalent vaccine are not currently eligible for another dose. Those who <u>are</u> eligible for another bivalent vaccine include:

- Individuals 65 years of age and older may receive one additional bivalent dose at least four months following their initial bivalent dose.
- Most individuals with certain kinds of immunocompromise may receive one
 additional bivalent dose at least two months following their initial bivalent
 dose (with additional doses administered at the discretion/determination of
 their healthcare provider).

The Clark County Health Department (CCHD) only has Moderna bivalent vaccine in stock.

Up-to-Date

Individuals are up-to-date immediately after receiving all recommended COVID-19 vaccines. Not sure what you are due for? Please visit: considerations-us.html.





Appointments

For an appointment to receive a COVID-19 vaccine, please call the CCHD Immunization Hotline at 715-743-5292.

Updated: 5/9/23

How Can Family Cope After a Nursing Home Placement?

By Esther Heerema, MSW Medically reviewed by Carly Snyder, MD

January 11, 2020

If you've made the difficult decision to move your loved one to a nursing home or another facility, it's possible you're struggling with guilt about this change. You may also be grieving several losses that resulted from this decision or struggling to adjust to the changes in your lifestyle.

No doubt your decision to place your family member in a facility was not made lightly. You likely took in to account many factors. Sometimes, these decisions are taken out of our hands by emergent situations or health concerns. Other times, the decision to admit your loved one to a nursing home is an inch by inch one, with multiple family members weighing in, physicians giving advice and warnings, and neighbors encouraging you to take the next step.

While there's turmoil as the decision is made, it doesn't always stop just because someone is admitted into a facility. In fact, it can continue or even increase as the caregiver has to learn to loosen his or her hold on the minute details that he or she is so used to taking care of for her loved one.

Recognizing Symptoms of Guilt, Grief, and Adjustment

While it may seem like it should be obvious, not all feelings of guilt or grief look alike. Here are a few ways difficult emotions can emerge after nursing home placement of a loved one:

You may feel guilty when you have an enjoyable experience.

You might experience a cycle of guilt, then relief, then guilt.

You may find yourself dissatisfied with the care of facility staff.

You may feel the need to constantly be present in the facility.

You might feel depressed or anxious.

You may not want to consider making medical directives, such as a DNR order.

Contributors to Feelings of Guilt and Grief

Some factors that can increase difficult feelings after nursing home placement might include the disappointment of not being able to care for a spouse at home as originally planned, the perception (accurate or not) that others expect you to have been able to care for the person at home, and the acknowledgment that the person's disease is advancing.

Sometimes, the person may have even said to you, "Please don't put me in a nursing home!" Yet, his or her needs may have made that request impossible.

How to Help Yourself Adjust to this Change

First, acknowledge that you're coping with a significant adjustment. While this doesn't change the situation, it can help to give yourself permission to pause and understand the challenge you're facing. Research shows that caregiver burden can continue after nursing home placement, due to new challenges and demands.

- 2) This demonstrates that although the placement may have been necessary for the care of the loved one, it won't automatically "fix" the primary caregiver and make everything okay. Find little, and perhaps new ways, to express your care and love. Maybe you can bring a newspaper or a flower every day to your loved one. Identify someone to whom you can express your concerns, both outside of the facility and within it. Communication is important, and most facilities want to know what your concerns are.
- 3) Learning how to advocate for your loved one is important and necessary, especially when he or she has dementia. Acknowledge that even though your loved one may not have wanted to live in a facility, there could be some benefits to nursing home care. Although you may feel that nothing can compare with the level of care you gave your loved one at home, keep in mind that the care at a facility may still be good, quality care, and it's available 24 hours a day. Some people find that their loved one actually improves in a facility because she's getting the care consistently that family members wanted to provide but just couldn't maintain effectively at home.
- 4) Help your loved one adjust to the facility. Work together to identify meaningful activities and routines for him or her to help facilitate the adjustment. Consider developing a life story to share important people, events and information with the staff about your loved one.
- 5) Remind yourself of the ability now to focus, not only on your loved one's physical-care needs but also on visiting and building your relationship with him or her.

Most caregivers feel it's a privilege to care for their loved one, and don't want to be relieved of the job of providing the care, even if it's physically and emotionally taxing. Acknowledging the possible mix of emotions including grief, loss, guilt, and relief, may allow for a healthier adjustment after nursing home placement of a loved one.

Article Sources

Verywell Health, https://www.verywellhealth.com uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy.

Wisconsin Medicaid Members

Keep Your Health Benefits



If you get Wisconsin health care benefits (such as BadgerCare Plus, Medicaid, or MAPP), you must renew your enrollment once a year.

What to Expect at Renewal Time



We'll send you a packet about one month before your renewal is due. For example, if your renewal is due in October, you will get a notice in September.



You may need to update the information we have on file. This may include your household details, income, and insurance. You may be asked to submit proof later.



Your local agency will review your renewal and follow up if they need more information. Then, you will get a letter that tells you if your benefits are changing.

Completing your renewal

- The easiest way to renew is online through your ACCESS account. Log in or set up an
 account at access.wi.gov.
- To renew by mail, complete and return your renewal packet.
- You can renew by phone or in person through your local agency. Find your agency at <u>dhs.wi.gov/forwardhealth/imagency/index.htm</u>.
- Visit <u>dhs.wi.gov/forwardhealth/renewals.htm</u> for more information.



If you do not complete your renewal by the due date, your benefits will end. Free, expert help for completing your renewal or getting other benefits is available at <u>WisCovered.com</u>. Or, call 211 to find a local navigator.

2023-2024 Renewal Questions and Answers

What is a renewal?

When you first applied for benefits, you gave the state details about things like your household, income, and insurance. To see if you can keep your benefits, you need to update that information every year. This process is called a renewal.

When do I renew?

Your renewal due date is set between June 2023 and May 2024. To find your due date:

- Check the letter you received in late March or early April from the Wisconsin Department of Health Services.
- Log in to your ACCESS account at <u>access.wi.gov</u> or use the MyACCESS app. If you don't have an account, you can easily create one at <u>access.wi.gov</u> to see your benefits information anytime, anywhere.



What happens next?

About 45 days before your due date, you'll get a packet in the mail with renewal details. A digital version of the packet will also show in your ACCESS account. The packet will tell you what information to send in so we can see if you still qualify for your program.



Don't renew until you get your renewal packet. Under federal guidelines, you can keep your benefits until your next renewal. Acting too soon could cause you to lose coverage before your due date.

What if I miss my due date?

In some situations, you may be able to do a late renewal up to three months after your due date. Check with your local agency to see if that's possible. If not, call 211 or visit <u>WisCovered.com</u> to get help finding other coverage.

What else do I need to know?

Don't delay medical care! While your program membership continues, use your benefits. For example, if you have BadgerCare Plus, you can get vaccines, medical check-ups, and prescription refills. You can use mental health services, too.

Sun Protection Tips for Older Adults

By the GWAAR Legal Services Team (for reprint)

As summer approaches, it is time to start thinking about protecting ourselves when we have fun in the sun. According to the Skin Cancer Foundation, over half of skin cancer related deaths are people over the age of 65. Because the risk of developing skin cancer rises each year and sun damage can happen quickly, everyone needs to use sunscreen. But according to the Centers for Disease Control and Prevention (CDC), fewer than half of older adults adequately protect their skin from the sun.

Not any old sunscreen will do. Choose a sunscreen with an SPF 30 or higher and one that protects from UVA and UVB rays (broad-spectrum). A sunscreen's SPF (sun protection factor) determines how well it can absorb and reflect the sun's rays. A sunscreen that is labeled SPF 30 absorbs 97% of the sun's burning rays. It's also important to know that wearing sunscreen with a higher SPF does not mean you can stay outdoors longer without applying more. You'll still need to reapply it to protect your skin, especially if you are swimming or sweating heavily. Broad-spectrum sunscreen is important because UVA rays penetrate the lower levels of the skin. They account for 95% of rays. UVB rays make up a smaller percentage of UV rays, but they cause most sunburns and sun damage.

Additionally, research shows there is very little difference in effectiveness between sunscreen sticks, sprays, gels, and creams. Buying several formats can make it easier to protect small or hard-to-reach body parts, such as the back of the ears. Sunscreen sticks are good for ears and noses and are also easy to take with you on bike rides and walks. Sprays and creams can cover larger surface areas more efficiently, such as the back, arms, and legs. Gels tend to adhere better on areas with hair, like the hairline and scalp.

For more information visit: https://www.skincancer.org/blog/photoaging-what-you-need-to-know/ and https://www.cdc.gov/cancer/dcpc/research/articles/older-adults-protect-skin-sun.htm

Scam Alerts—Medicaid Renewal and FoodShare

By the GWAAR Legal Services Team (for reprint)

The Wisconsin Department of Health Services (DHS) has been made aware of a scam targeting Medicaid members via two text messages. The first text message states that their case is at risk of cancellation. The second text message states that benefits have been cancelled and requests that

the member call 1-877-687-4221. If the member contacts this number, they are informed they have lost their health insurance coverage and need to pay to be reinstated. DHS does not send text messages with this type of language and does not charge a recertification fee.

The United States Department of Agriculture (USDA) has learned that criminals are using phony text messages that say a recipients SNAP EBT Card (FoodShare Quest card) has been locked. The text message provides a phone number to call for help. This is known as a phishing scam and is a type of fraud. If you do not know if a request for information is real, contact your local Income Maintenance agency.

Al Automates Insurance Claim Denials

By the GWAAR Legal Services Team (for reprint)

A recent <u>article</u> by Pro Publica illustrates yet another way that computerized algorithms are having a growing impact on healthcare payment decisions. The article investigates Cigna's use of an automated system to deny hundreds of thousands of insurance claims without individualized medical review.

Cigna's claim processing system, known as "PXDX" or "prescription-to-diagnosis", uses a list of procedures that are considered "approved" for certain diagnosis codes. Claims for procedures that are not considered approved for a particular diagnosis code are automatically rejected and sent to doctors in bulk. A doctor employed by the company then electronically signs off on the entire set of denied claims without ever reviewing individual patient records. According to one doctor interviewed for the article, the system allows Cigna medical reviewers to deny 50 claims at a time in a matter of seconds. Cigna records showed that certain doctors rejected between 30,000 and 60,000 claims per month using the automated system.

Both Medicare and Medicaid have systems in place to reject claims that are not coded properly but, unlike Cigna's system, those determinations are not based on inherent assumptions about the medical necessity of particular tests or procedures. While proponents of systems like Cigna's PXDX program assert that automated claim processing ultimately saves money for consumers by reducing administrative costs that would otherwise result from individual review of inappropriate claims, critics worry that it removes medical judgment from the claim determination process and may run afoul of state insurance laws requiring objective medical review of each case.

2024 Medicare Advantage and Part D Final Rule

By the GWAAR Legal Services Team (for reprint)

In early April, the Centers for Medicare and Medicaid Services (CMS) issued a <u>final</u> <u>rule</u> affecting, among other concerns, prior authorization requirements for Medicare Advantage plans, marketing practices for Medicare plans and sales agents, and the Limited Income Newly Eligible Transition (LINET) prescription drug program.

When it comes to prior authorization requirements, Advantage plans have historically been allowed to create their own internal coverage criteria to make medical necessity determinations. The new rule specifies that plans must comply with traditional Medicare regulations and local and national coverage determinations (LCDs and NCDs) when making prior authorization decisions. When there are no established regulations or coverage determinations, plans will be allowed to create internal coverage criteria based on widely accepted treatment guidelines and clinical literature. The final rule requires plans to provide a 90-day transition period when a person switches Advantage plans during which the new plan cannot impose prior authorization requirements. The rule also clarifies the definition of a "course of treatment" and requires approved prior authorization requests to be valid for as long as "medically reasonable and necessary to avoid disruptions in care."

The new marketing rules prohibit ads that fail to mention a specific plan name, as well as ads that employ Medicare logos or confusing language that misrepresents the plan. The marketing rules also require agents to inform customers of the total number of Advantage plans available through any company the agent represents while at the same time extending to twelve months the time period during which agents are allowed to re-contact customers about plan options and allowing agents to re-contact a customer within 48 hours when necessary to avoid missing the end of an enrollment period or when the customer faces transportation or other access challenges.

The most significant impact of the final rule may be that it converts the LINET program from a demonstration project into a permanent feature of Medicare prescription drug coverage. The rule also expands Low Income Subsidy (LIS) benefits by eliminating the distinction between full-subsidy and partial-subsidy eligibility categories. Beginning January 1, 2024, every beneficiary with income below 150% of Federal Poverty Level will be eligible for full-subsidy benefits. That change is expected to impact some 300,000 low income Medicare beneficiaries.

A STROLL DOWN MEMORY LANE

Sharing your story with your loved ones means more than you know.

Follow our newsletters as we ask some great "SPARK" questions to reminisce those

great memories.









Spark" Cards

If you could only have one tool, which one would you have?



(Set 1- CTGF 2015)



Photo Courtesy of Pixabay.com

Did you Know...

Wisconsin dairy farms produce more than 23 billion pounds of milk every year. That's about 14% of the country's total milk supply. Wisconsin is the #1 cheeseproducing state, making 26% of the country's cheese.

Wisconsin won more awards than any other state or country at the 2021 World Championship Cheese Contest, with 138 medals!

EAT WELL, AGE WELL. June-Dairy Month

Dairy is synonymous with Wisconsin. Most of us either know or were dairy farmers. I had the honor and privilege of being raised on a homestead farm. The farm had dairy cattle for many years. I often reflect on heading out to the dairy barn to watch my papa and uncle Johnny milk. The smell of fresh milk and the delicious, sweet taste of the cream that we would skim off the top still make my mouth water.

Sometimes milk gets a bad rap nutritionally, but there are many health benefits. Calcium, vitamin D, and phosphorus are important for bone building, and the high potassium content of dairy foods that can help lower blood pressure are just a few nutrients that it provides.

So what is included in the "Dairy Group"? According to https://www.myplate.gov/eat-healthv/dairv The Dairy Group includes milk, yogurt, cheese, lactose-free milk, and fortified soy milk and yogurt. The Dairy Group does not include foods made from milk that have little calcium and high-fat content. Examples of this are cream cheese, sour cream, cream, and butter. We encourage you to choose low-fat or non-fat versions when possible and aim for 3 servings a day. In general, the following counts as 1 cup from the Dairy Group:

1 cup of milk, yogurt, or soy milk or 1½ ounces of natural cheese



LASAGNA FOR TWO

YIELD: 4 SERVINGS

INGREDIENTS

- 3-6 uncooked lasagna noodles (preferably no boil)
- 1 teaspoon vegetable oil
- 1/2 pound ground beef
- 1/2 cup diced white or yellow onion
- 1 garlic clove, minced
- 2 1/4 cups your favorite

- 1 cup full-fat ricotta cheese
- 1 egg, room temperature
- 1 cup shredded mozzarella cheese
- 1/4 cup + 2 tablespoons shredded

Parmesan cheese

 2 tablespoons chopped basil plus more for garnish

INSTRUCTIONS

Preheat oven to 375F. Have a 9x5 loaf pan ready.

- If using no boil lasagna noodles, you don't need to cook them. If using traditional noodles, bring a large pot of water to a boil. Add the lasagna noodles and a big handful of salt. Cook until al dente, about 5-8 minutes. Do not overcook. Drain and cool.
- In a large skillet, heat the oil. Once hot, add the ground beef, onion, carrot, and a big pinch of salt. Cook until meat is brown and no longer pink, about 5-8 minutes. Drain off excess grease.
- Add the garlic and cook 1 minute. Taste and adjust for salt. Stir in 1 1/2 cups spaghetti sauce then bring to a simmer. Remove from the heat.
- Meanwhile, in a large bowl whisk together the ricotta, egg, 1/2 cup mozzarella, 2 table-spoons parmesan, basil, and salt.
- Spread 1/4 cup sauce onto the bottom of the loaf pan into a thin layer. Add 1-2

noodles to cover the bottom, depending on noodle width. If the noodles are too long, cut off the ends to fit.

- Spread half of the ricotta mixture on top of the noodles then add half of the meat mixture on top. Top with 1-2 more noodles
- Repeat the layering one more time, using up the remaining ricotta and meat mixture.
- Top with the last 1-2 noodles then cover with the remaining 1/2 cup sauce. Sprinkle with the remaining 1/2 cup mozzarella and 1/4 cup parmesan cheeses.
- Cover tightly with foil. If using traditional noodles, bake for 20 minutes or until noodles are tender (use a toothpick or small sharp knife to test). If using no boil noodles, bake for 30 minutes.
- Remove the foil and bake another 15 minutes or until the top is browned. Let sit about 15 minutes before cutting and serving. Garnish with basil, if desired.





June 2023

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
				1	BINGO Greenwood Center @ 11:30	3
4	5	6	7	8 Nutrition Education Greenwood Center at 10:30 Air Fryer Demo	9 BINGO Greenwood Center @ 11:30	10
11	12	Loyal Library Lunch & Learn Call Library to sign up 715-255-8189	FLAG DAY	15	BINGO Greenwood Center @ 11:30	17
18 HAPPY FATHER'S DAY	19	Greenwood Library Lunch & Learn Call Library to sign up 715-267-7103	21 Italian Day Owen Nutrition Center at 10:30 Air Fryer Demo	22	BINGO Greenwood Center @ 11:30	24
25	26	27	28	29	BINGO Greenwood Center @ 11:30	

Black & White Television Classics

ZVMJWYHTPADWLSRETSNUMIMJB F N K M H U I I S E F D N S N R V X X H H O P S T SLEHSKAOMJIJYNDEPJFCPVZRT N X R P E Z B F Q A B R M G Y Q R I B X X E C D Y O N O O K O Z N J M F I R K R T D A B D M L A D W SOOZYUPGEESSDADIHONACUDXH ROOUAOFRZNMNVPDMNKIABRBTE H R R R V Y E J A D I U E I W D E A M T S J Z C S T R D B K D W R E S X A D Y F K A B E D H S V B H YOAWCREKTAEKQFCKTDYIGSHZO M Z D Z I E Y H S R E N O O M Y E N O H Z B H O W R A D C D R E V A E B O T T I E V A E L C Z D O W BSYSEMMICKEYMOUSECLUBJOKW T Z H L E X O Z L E A C U H S F H O E M H E S D L OOZNPNFYARAFJLNNETHIDRT W U A Z F D X W Z T N M U P J I I V M U S X K W J J C H O W D Y D O O D Y B G K O C F P J U S C H L EGWRIRPYNLLVXRAWTIRGSHAJO A L F R E D H I T C H C O C K P R E S E N T S L D

Lassie **Danny Thomas Show Howdy Doody** Dennis the Menace Zorro Lone Ranger Ozzie and Harriet I Love Lucy Addams Family Leave It to Beaver Donna Reed Show Munsters Andy Griffith Show Dick Van Dyke Show My Three Sons **Betty White Show** Mickey Mouse Club Make Room For Daddy Mister Ed Alfred Hitchcock Presents To answer the trivia question, look for a word or phrase that is hidden in the puzzle, but not in the word list. Trivia: This popular sitcom received excellent ratings when it first aired in 1956, yet only a total of 39 episodes were made before the show was cancelled in 1957. What is the name of the show?

Answer:



ADRC Director

Lynne McDonald

ADRC Financial / Nutrition Manager

Lynn Crothers

ADRC Admin. Assistant

Kim Stetzer

Elder Benefit Specialist

Terri Esselman

Disability Benefit Specialist

Crystal Rueth

I&A Specialist

Hannah Quicker

Michelle Berdan

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