September 2023

Newsletter

Aging & Disability Resource Center of Clark County

Toll Free:866-743-5144

Office: 715-743-5166

Fax: 715-743-5240

Aroma Café

300 N Washington St
Thorp, WI 54771

715-669-5122

The ADRC of Clark County would like to announce the opening of the 2nd CAFÉ 60. Aroma Café in Thorp will be accepting CAFÉ 60 meal vouchers starting September 18, 2023.

Staff from the ADRC will be at the Aroma Café to process applications and print vouchers September 20, 2023 from 1:00pm to 3:00pm.

RESOURCE EXPO

& CELEBRATION

OCTOBER 12, 2023

10:00am to 2:00pm

SUNSET PLACE APARTMENTS

216 SUNSET PLACE

NEILLSVILLE, WI 54456

SENIOR NUTRITION PROGRAM

CELEBRATE • INNOVATE • EDUCATE

You are cordially invited to join us in celebration!

2023 marks the 50th year mark of Nutrition Services in Clark County. With that celebration in mind, we recognize that we at the ADRC would be negligent if we did not include the exceptional businesses and service provider partners that supported our success.

We are excited to have 3 great speakers on topics we feel confident some of you will enjoy. We have extraordinary vendors available to talk to you about in-home supportive services, housing options, even businesses and organizations that offer activities to fill a meaningful day. In honor of 50 years of nutrition, we found some really great food demos, and we cannot forget the "goodies" with raffles, door prizes, crafts.Tasty snacks will be provided by *Just Love* for your enjoyment. We are striving to have something for everyone on our celebratory day and we think you will leave our event feeling a little more empowered.

Our genuine goal is to get you in the door and the information you feel would be helpful and not to burden your day. So please watch for fliers that will be popping up in your community soon with the schedule. Feel free to come and go or spend the day. Ask any of our awesome ADRC Team members and they will say… "We want to empower…We want to enhance… and we want to see dreams achieved for people as they age". They have tried really hard to make this event meaningful to you.

I close with a challenge: Planning starts now, not when we reach a milestone or face a tragic event, ask yourself, "Do I really know what is in my community"? If you are an adult of any age and are not sure how to answer that question, I hope to see you there and let's celebrate together!

Lynne L. McDonald
Director, ADRC of Clark County
517 Court Street Room 201
Neillsville, WI 54456
PH: 715.743.5166

School bus season is here. Don't pass a stopped school bus!!

Drivers ***must stop*** on the street or highway 20 feet or more from any school bus that has stopped and is flashing red warning lights.

- This applies both to vehicles approaching from the rear and from the opposing lanes.
- All lanes of traffic must stop for the school bus, except in opposing lanes if the highway is divided with a center median.
- No vehicle may proceed until the bus resumes motion and has turned off the red warning lights.
- The stop arm on the bus is an added communication to other drivers, but the lack of an extended stop arm is not reason to pass a bus whose red lights are flashing.

In some urban areas buses will signal with yellow lights, or use red lights only in some parts of town. Motorists should observe school buses carefully for either the "pass cautiously" yellow light signal or the required full stop when a bus is flashing red lights.

A vehicle owner can be cited when the driver of a car passes a school bus illegally. A law enforcement officer need not witness this violation if the school bus driver reports it to the law enforcement agency within 24 hours. Fines can be quite high for illegally passing a school bus, but the risk of hitting a child is even higher.

Scott Haines

Clark County Sheriff

517 Court St., Rm. 308

Neillsville, WI 54456

(O) 715-743-5357

(C) 715-937-0176

Find us on: facebook®

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

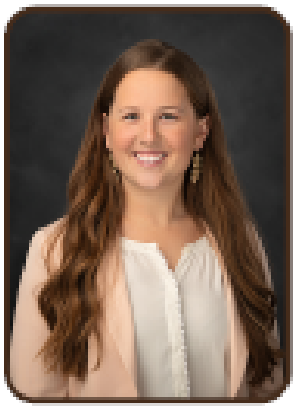
Aging & Disability Resource Center of Clark County

THE D.R. MOON LIBRARY IS HOLDING A FREE PUBLIC COMMUNITY EVENT

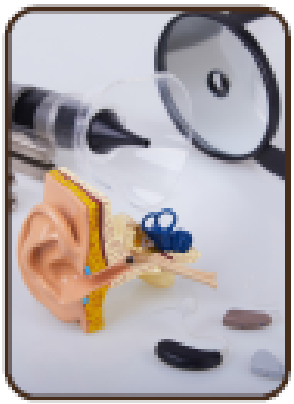
CARE - CREATING AUDITORY RESOURCES FOR EVERYONE

THURSDAY, SEPTEMBER 14, 2023
2:30PM-4:00PM

HOSTED BY THE STANLEY HISTORICAL SOCIETY MUSEUM
228 HELGERSON ST - STANLEY WI



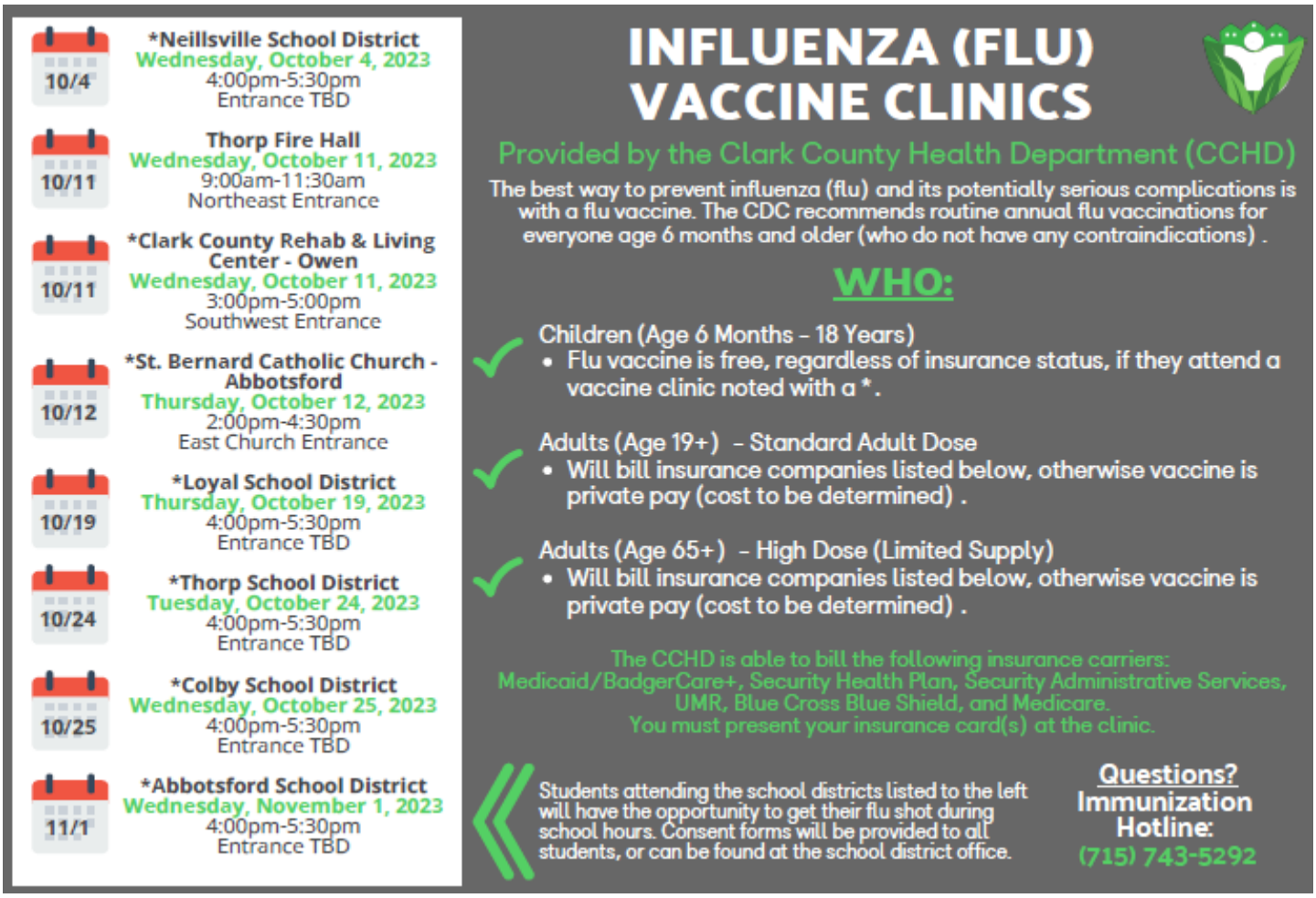
FEATURING GUEST SPEAKER
KELSEY JOOSTEN, AU.D
DOCTOR OF AUDIOLOGY



Dr. Joosten will be giving a presentation on hearing and hearing loss, resources related to hearing loss, surgery, communication tips, hearing aid choices and over the counter hearing aid education. There will be time for questions after the presentation.

- REGISTRATIONS PREFERRED BY CALLING THE LIBRARY AT 715-644-2004 -
- WALK-INS WELCOME -
- REFRESHMENTS WILL BE SERVED -

D.R. Moon Memorial Library | ENT & Allergy Associates, S.C. | ALA American Library Association | Stanley Area Historical Society



ADAPTIVE EQUIPMENT

The ADRC office has several pieces of DME equipment available in our Loan Closet. Call for further details 715-743-5166. We are in need of wheelchairs in good condition.

We are also accepting donations of unused/ unopened incontinence garments.

Extension
UNIVERSITY OF WISCONSIN-MADISON

Strength Training Class
StrongBodies

LIFTING PEOPLE TO BETTER HEALTH

STRONGBODIES

Benefits of Strength Training:

- **Reduced risk for chronic diseases:**
  - Diabetes
  - High Blood Pressure
  - Heart Disease
  - Osteoporosis
  - Arthritis
  - Some Cancers
- **Increased:**
  - Strength
  - Muscle mass
  - Bone density
  - Ability to do Activities of Daily Living

What: 10-Week Strength Training Class

When: **Monday and Thursdays 9:30AM , Sept. 18 - Nov. 20**

Where: Loyal Public Library, Loyal WI **Cost:** $20.00

To Register Contact
Teresa Hall
Loyal Public Library
(715) 255-8189

Class Registration is a first come, first serve basis

Medicare will now Negotiate Drug Prices on Behalf of People with Medicare

By the GWAAR Legal Services Team (for reprint)

It is no secret that prescription drugs are expensive. Over time, prescription drug expenses add up and can become quite costly. But there is good news! Due to the Inflation Reduction Act, the Centers for Medicare & Medicaid Services (CMS) has created and revised the Medicare Drug Price Negotiation Program. The revised program allows Medicare to negotiate the price of covered prescription drugs on behalf of people receiving Medicare.

Background Information

The Medicare Drug Price Negotiation Program was initially made public in March of 2023. Upon the program's initial release, the Centers for Medicare & Medicaid Services (CMS) encouraged the public to provide feedback. CMS received over 7,000 comments from the public. Based on these comments, CMS made changes to the initial program and released a revised version of the Medicare Drug Price Negotiation Program.

What does the revised program do?

The new Medicare Drug Price Negotiation Program will improve the affordability of prescription drugs. Medicare will directly negotiate with drug companies that have chosen to participate in Medicare. The negotiations will lower the cost of expensive medications that do not have a generic substitute.

Medicare will consider the following factors during a negotiation:

- How the selected drug benefits its user.
- If the selected drug fulfills an unmet medical need.
- The selected drug's impact on people with Medicare.

· The costs associated with the drug.

When can I expect to see a change in the cost of my prescriptions?

Medicare will begin to negotiate prices with prescription drug companies this year. These negotiations will continue into 2024. Beginning in 2026, the negotiated prices will go into effect, and you should start to see a decrease in drug costs.

Key dates in the Medicare Drug Price Negotiation Program timeline:

· By September 1, 2023, CMS will publish the first 10 Medicare drugs that will have better prices in 2026.

· By September 1, 2024, the new price of the 10 drugs will be published.

· By January 1, 2026, the new price of the 10 drugs will go into effect for consumers.

· In 2027, 15 more drugs will have negotiated prices.

· In 2028, another 15 more drugs will have negotiated prices.

· After 2028, up to 20 drugs per year will have negotiated prices.

For more information, check out the links below:

View a fact sheet on the Medicare Drug Price Negotiation Program Revised Guidance.

Read the Medicare Drug Price Negotiation Program Revised Guidance.

Additional information and resources related to Medicare Drug Price Negotiation can be found here.

Medicare Coverage of Vaccines

By the GWAAR Legal Services Team (for reprint)

Vaccines play an important role in preventing illness. However, knowing if and when Medicare pays for vaccines can be confusing. Most vaccines that your doctor recommends will be covered by your Medicare prescription drug plan. Medicare prescription drug plans are required to cover most commercially available vaccines. The only exceptions are the vaccines for flu, pneumonia, hepatitis B, and COVID-19, which are covered by Part B.

Vaccine	Medicare Coverage	Coverage Rules
Influenza (flu)	Part B	Part B pays for (and recommends) one shot every flu season. Additional flu vaccines may be covered if considered medically necessary.
Pneumonia	Part B	Part B pays for one shot, recommended for all adults aged 65+ and younger adults with chronic health conditions.
Hepatitis B	Part 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. (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.)
COVID-19	Part B	Part B covers FDA-approved COVID-19 vaccines and the administration of the vaccines at no cost to beneficiaries if the provider accepts assignment.
Shingles	All Medicare prescription drug plans must cover	Two doses of Shingrix, separated by 2 to 6 months are recommended for healthy adults 50 years and older. Check with your plan to find out specific rules for administration and payment.
RSV	All Medicare prescription drug plans must cover when available	One dose of Abrysvo or Arexvy is recommended for adults 60 years and older. Check with your plan to find out specific rules for administration and payment.

Tdap (Tetanus, Diphtheria, Pertussis/Whooping Cough)	All Medicare prescription drug plans must cover	One dose Tdap followed by booster every 10 years for all adults. Check with your plan to find out specific rules for administration and payment.

Beginning in 2023, Medicare covers all recommended vaccines with no cost-sharing for beneficiaries. If you have Original Medicare, you will not pay any out-of-pocket costs for vaccines covered by Part B if your provider accepts assignment. Medicare Advantage plans are required to cover Part B vaccines without applying deductibles, copayments, or coinsurance if you meet the criteria for coverage and see an in-network provider. For vaccines covered by your Medicare prescription drug plan, check with your plan for information about how the plan covers vaccines and where you must receive the vaccine.

Medicare Part B Preventative Benefits

By the GWAAR Legal Services Team (for reprint)

Did you know that Medicare Part B covers many preventive benefits at no cost to beneficiaries, as long as the services are provided by a doctor or other qualified health care provider who accepts Medicare assignment? These preventive services include:

- Abdominal aortic aneurysm screenings for at-risk individuals (with a referral from a doctor or other qualified health care provider)
- Alcohol misuse screenings and counseling (up to four free counseling sessions per year)
- Bone mass measurements once every 24 months to check if an individual

is at risk for broken bones (for people with certain medical conditions or who meet certain criteria)

- Cardiovascular behavioral therapy (discussion of aspirin use, blood pressure check, tips on eating well, etc.) one time per year to help lower the risk for developing cardiovascular disease
- Cardiovascular disease screenings once every five years that help detect conditions, such as high cholesterol, that may lead to a heart attack or stroke
- Cervical, vaginal and breast cancer screenings at least once every 24 months
- Colorectal cancer screenings, such as colonoscopies, to help find precancerous growths or find cancer early, when treatment is most effective. Note, however, that if a polyp or other suspicious tissue is found and removed during a screening procedure, the patient must pay 15% of the Medicare-approved amount for doctors' services and hospital fees
- Counseling to prevent tobacco use and tobacco-caused disease, up to 8 times per year
- Vaccines, including for COVID-19, flu, Hepatitis B (for those at medium or high risk for Hep B) and pneumococcal infections. Most other recommended adult immunizations (such as for shingles, tetanus, diphtheria and pertussis) are covered by Medicare Part D drug plans.
- COVID-19 monoclonal antibody treatments and products to help fight the disease and keep an individual out of the hospital (This treatment will be covered through the end of 2023. In 2024, Original Medicare will cover monoclonal antibody treatments if someone has COVID-19 symptoms. In the case of individuals with weakened immune systems, Part B will continue covering the cost, even following the end of the COVID-19 public health emergency on May 11, 2023.)
- Depression screenings (one per year), as long as it is performed in a primary care setting (like a doctor's office) that can provide follow-up

treatment and/or referrals, if necessary

- Diabetes self-management training for diagnosed diabetics to learn to cope with and manage the disease, with a written order from the patient's doctor or other health care provider
- Glaucoma test, for those at high-risk, once every 12 months
- Screenings for Hepatitis B and C, as well as HIV and lung cancer, if certain conditions are met
- Mammogram screenings to check for breast cancer – once every 12 months for women 40+, and one baseline mammogram for women ages 35-39
- Behavior change program to help prevent type 2 diabetes (offered once-per-lifetime to high-risk individuals)
- Nutrition therapy services for individuals with diabetes or kidney disease and those who have had a kidney transplant in the last 36 months, as long as a physician referral is provided
- Obesity screenings and behavioral therapy for those with a body mass index (BMI) of 30 or more, to help individuals lose weight by focusing on diet and exercise. The counseling must be provided in a primary care setting (like a doctor's office), so that an individual's personalized prevention plan can be coordinated with the patient's other care.
- Prostate cancer screenings once every 12 months for men over 50
- Sexually transmitted infection (STI) screenings and counseling for high-risk individuals and those who are pregnant. Medicare covers these tests once every 12 months or at certain times during pregnancy. Medicare also covers up to two individual, 20-30 minute, face-to-face, high-intensity behavioral counseling sessions for high-risk adults. To be covered, counseling sessions must be provided in a primary care setting (like a doctor's office). Medicare will not cover counseling as a preventive service in an inpatient setting, such as a skilled nursing facility.
- "Welcome to Medicare" preventive visit during the first 12 months that someone is enrolled in Part B. The visit includes a review of the patient's

medical and social history related to health. It also includes education and counseling about preventive services, including certain screenings, shots or vaccines (like flu, pneumococcal and other recommended shots or vaccines), as well as referrals for other care, if needed.

- Yearly "Wellness" visit after someone has had Part B for longer than 12 months, to develop or update the patient's personalized plan to prevent disease or disability based on current health and risk factors.

New RSV Vaccine for Older Adults

By the GWAAR Legal Services Team (for reprint)

Following approval by the Food and Drug Administration, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recently recommended the new Respiratory Syncitial Virus (RSV) vaccines for people ages 60 years and older. RSV is a respiratory virus that typically causes cold-like symptoms in healthy adults and older children but can lead to more serious illness, like pneumonia, as well as hospitalizations and even death in very young children and older adults. Adults at high risk of severe RSV illness include older adults, adults with chronic heart or lung disease, adults with weakened immune systems, and adults living in nursing homes or long-term care facilities. Each year, RSV causes an estimated 60,000-160,000 hospitalizations and 6,000-10,000 deaths among older adults. Because RSV may look like other respiratory infections, the number of RSV cases in older adults is likely undercounted.

The new vaccines will help protect older adults against severe illness from RSV during the time of year when multiple respiratory illnesses are circulating in the population. In addition, vaccination of older adults may help prevent young children from being exposed to RSV. These vaccines involve a single-dose in one shot and are expected to be available at pharmacies this fall. Talk to your

healthcare provider about whether the RSV vaccine is right for you and any other vaccines you might need this fall to help prevent illness.

Proposed Rule Clamps Down on Short-Term Insurance

By the GWAAR Legal Services Team (for reprint)

The federal Department of Health and Human Services (HHS) recently issued a proposed rule that would limit the duration of short-term health insurance policies. Short-term health insurance policies are not required to follow the rules that govern employer group health plans or individual plans issued through the Health Insurance Marketplace, so they are allowed to limit the scope of covered services, impose pre-existing condition limitations, and evade prohibitions against annual and lifetime coverage limits. For those reasons, critics have labeled short-term policies as "junk insurance" and have urged the federal government to limit their availability.

Under current rules, short-term plans can be issued for an initial term of 12 months and can be renewed up to a total of three years. The new proposed rule, if finalized, would limit the initial coverage period of short-term plans to three months with an option to renew for one additional month. In addition, the proposed rule would prohibit insurers from repeatedly renewing a customer's policy. Consumers would still be able to purchase a new short-term plan after an existing policy expires, but it would have to be issued through a different insurance company.

HHS is accepting comments on the proposed rule through September 11, 2023 at:

https://www.federalregister.gov/public-inspection/2023-14238/short-term-limited-duration-insurance-independent-noncoordinated-excepted-benefits-coverage.

Long COVID and Disability Claims

By the GWAAR Legal Services Team (for reprint)

The Social Security Administration (SSA) recently published a guide for medical professionals to help support disability claims based on Long COVID or post-COVID health conditions.

Long COVID is not a single illness, but a collection of symptoms that set in four weeks or later after being infected with COVID. There is no test for diagnosing Long COVID, so doctors need to evaluate all of a patient's symptoms to determine whether they are likely to be the result of Long COVID. Although about 15 percent of people infected by COVID have reported experiencing Long COVID symptoms for some period of time, many were never aware that they had been infected with COVID in the first place. A previous diagnosis of COVID is not necessary to meet Social Security disability standards.

The SSA guidance includes a long list of symptoms that may be indicative of Long COVID, but SSA notes that the presence of symptoms alone is not enough to establish disability. Doctors and other health care professionals need to make a point of clearly identifying how those symptoms affect a patient's ability to work and perform other daily activities to support a finding of disability.

Coordination of Benefits Between Medicare and Employer-Sponsored Health Insurance

By the GWAAR Legal Services Team (for reprint)

If you or your spouse are currently working and you have group health plan coverage through that employer, whether you should enroll in Medicare depends on several factors. One key question to consider is what is the reason for Medicare eligibility? Is it due to turning age 65, a disability determination, or is it solely due

to an End-Stage Renal Disease (ESRD) diagnosis?

- **Medicare eligibility for turning 65.** In this case, it is important to ask how many employees work for the employer. Employers with 20 or more employees must offer current employees 65 and older the same health benefits, under the same conditions, that they offer younger employees. Similarly, if coverage is offered to spouses, spouses 65 and older must be offered the same coverage that is offered to spouses under 65. If the employer has 20 or more employees, the group health plan generally pays for health care expenses before Medicare pays. However, if the employer has fewer than 20 employees, Medicare generally pays first, so the employer coverage may not pay much, if anything, toward medical expenses. You should check the plan documents to confirm which type of coverage pays first.
- **Medicare eligibility due to disability**. In the case of Medicare eligibility due to a disability determination, it is also important to ask how many employees work for the employer. If the employer has 100 or more employees, the group health plan generally pays for health care expenses before Medicare pays. However, if the employer has fewer than 100 employees, Medicare generally pays first, so the employer coverage may not pay much, if anything, toward medical expenses. You should check the plan documents to confirm which type of coverage pays first.
- **Medicare eligibility due to ESRD**. When someone is eligible for Medicare solely due to ESRD, the employer group health plan will pay first, regardless of how many employees work for the employer. This is true for the first 30 months of Medicare eligibility (whether you enrolled in Medicare or not). After the first 30 months, Medicare will pay first, as long as you are still eligible for Medicare based on ESRD.

Eligibility to Enroll in Medicare Part A

For age-related Medicare, the first time you can enroll in Medicare is during your

initial enrollment period, which begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65. Most people do not have to pay a premium for Part A and should enroll in Part A when they turn 65, even if they have group health coverage from an employer. However, if you will have to pay a premium for Part A or if you contribute to a Health Savings Account (HSA), you may want to consider signing up for Part A later. Because of IRS rules, once you enroll in Part A, you won't be able to contribute to your HSA.

If you become eligible for Medicare because of a disability, enrollment in Medicare Part A will be automatic after you have been receiving Social Security Disability Insurance (SSDI) or railroad disability annuity checks for 24 months. Part A enrollment will begin at the start of the 25th month.

If you become eligible for Medicare due to ESRD, eligibility for Medicare Part A will begin after a doctor prescribes a regular course of dialysis, because your disease has reached the point that you need a kidney transplant or regular dialysis in order to survive. Once you are eligible for Medicare, you must apply for enrollment. Enrollment is not automatic. Once your application is accepted, Medicare coverage may begin. Medicare coverage usually starts the first day of the third month following the month in which regular dialysis begins. Some or all of the three-month waiting period may be waived if you participate in a self-dialysis training program or if you have a kidney transplant during that time.

Eligibility to Enroll in Medicare Part B

There is usually a premium to take Medicare Part B, which makes some people question when and whether to take it at all if they are already covered by an employer-sponsored group health insurance plan.

In the case of age-related Medicare eligibility, you can wait to sign up for Part B until you or your spouse stop working or otherwise lose the employer coverage.

In the case of Medicare eligibility due to a disability, enrollment in Medicare Part B

will be automatic after you have been receiving SSDI or railroad disability annuity checks for 24 months. Unlike Part A, however, Part B enrollment can be declined.

If you are eligible for Medicare due to ESRD, as with Part A, you must apply for coverage under Part B. It is not automatic.

You will not pay a late enrollment penalty for Part B as long as you enroll during the 8-month special enrollment period (SEP) that will start the month after you or your spouse stop working or the month after the employer coverage ends, whichever comes first.

In addition, you will be able to postpone your one-time Medigap open enrollment period, which occurs during the first six (6) months you are enrolled in Part B. During your Medigap open enrollment period, you will be able to buy any Medigap policy that an insurance company sells for the same price as people with good health, even if you have health problems. However, once this open enrollment period ends, you may not qualify again without having to pass medical underwriting. This means that you may have to pay more for a Medigap policy, or you may not be able to buy one at all.

Prescription Drug Coverage

If you decide to enroll in Medicare Parts A and B, you'll have to determine what type of prescription drug coverage is best for you. If you remain on an employer health plan, you should check with the plan administrator to see if the plan counts as "creditable drug coverage." You will not pay a penalty if you decide to enroll in a Part D plan later, as long as you continue to have creditable prescription drug coverage.

However, if you think you want to sign up for a Part D plan in addition to the employer coverage, you should be sure to ask the employer if you can have both types of coverage. Many employer health plans do not coordinate with Part D plans. This means that if you join a Part D plan, you, your spouse and anyone else

in your family who is covered under the employer health plan may lose that coverage. Once someone loses employer health coverage, it can be difficult to get that coverage back until the next open enrollment period.

What Happens if the Employer Gives "Bad" Advice?

Deciding whether to enroll in Medicare while covered under an employer-sponsored group health plan can be confusing. Often, therefore, beneficiaries will ask HR at the employer for advice about what to do. Sometimes, however, HR gives incorrect advice, and this can be particularly damaging when it involves bad advice related to taking Medicare Part B. Incorrect advice to not take Part B when an individual is first eligible can result in penalties and/or the beneficiary having to cover the cost of all their own medical care in situations where the employer is too small or Medicare is otherwise required to pay primary.

Prior to 2023, relief was only available in situations where a government official, such as someone working for the Social Security Administration (SSA), had provided bad advice about whether to enroll in Medicare Part B.

In such cases, a person could request equitable relief from SSA to have their enrollment in Part B backdated to when they were first eligible to enroll.

Due to the realization that incorrect advice is often handed out by employers, too, a new SEP was put in place to provide relief to employees and their spouses who may have received bad advice from HR. POMS HI 00805.384 provides a 6-month SEP to enroll in Medicare Part A or Part B from the day you notify SSA that your health plan or employer misrepresented or gave you incorrect information that resulted in you missing the chance to sign up for Medicare. Coverage can start the first of the month following the date of enrollment. However, it is important to note that this SEP only applies to bad advice given after January 1, 2023!

SPARK YOUR MEMORIES

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

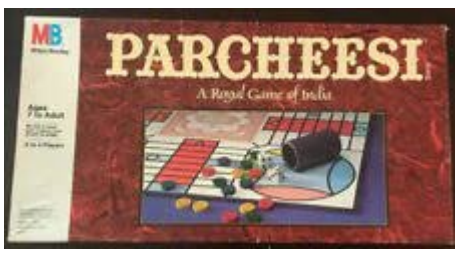
Follow our newsletters as we ask some great “SPARK” questions to reminisce those great memories.

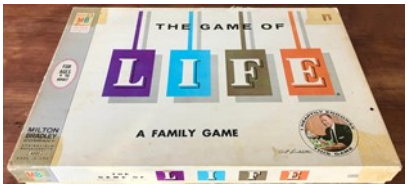
“Spark” Cards

What is your favorite board game?

GWaar Greater Wisconsin Agency on Aging Resources, Inc.

(Set 1- General 2015)



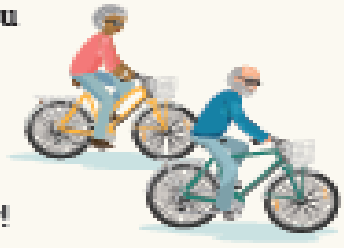


5 TIPS to help you stay motivated to exercise

Being physically active is one of the most important things you can do each day to maintain and improve your health and keep doing things you enjoy as you age. Make exercise a priority with the following tips:

1. **Find ways to fit exercise into your day.** You are more likely to get moving if exercise is a convenient part of your day.

2. **Do activities you enjoy to make it more fun.** Be creative and try something new!



3. **Make it social.** Find a virtual "exercise buddy" to help keep you going and provide emotional support.

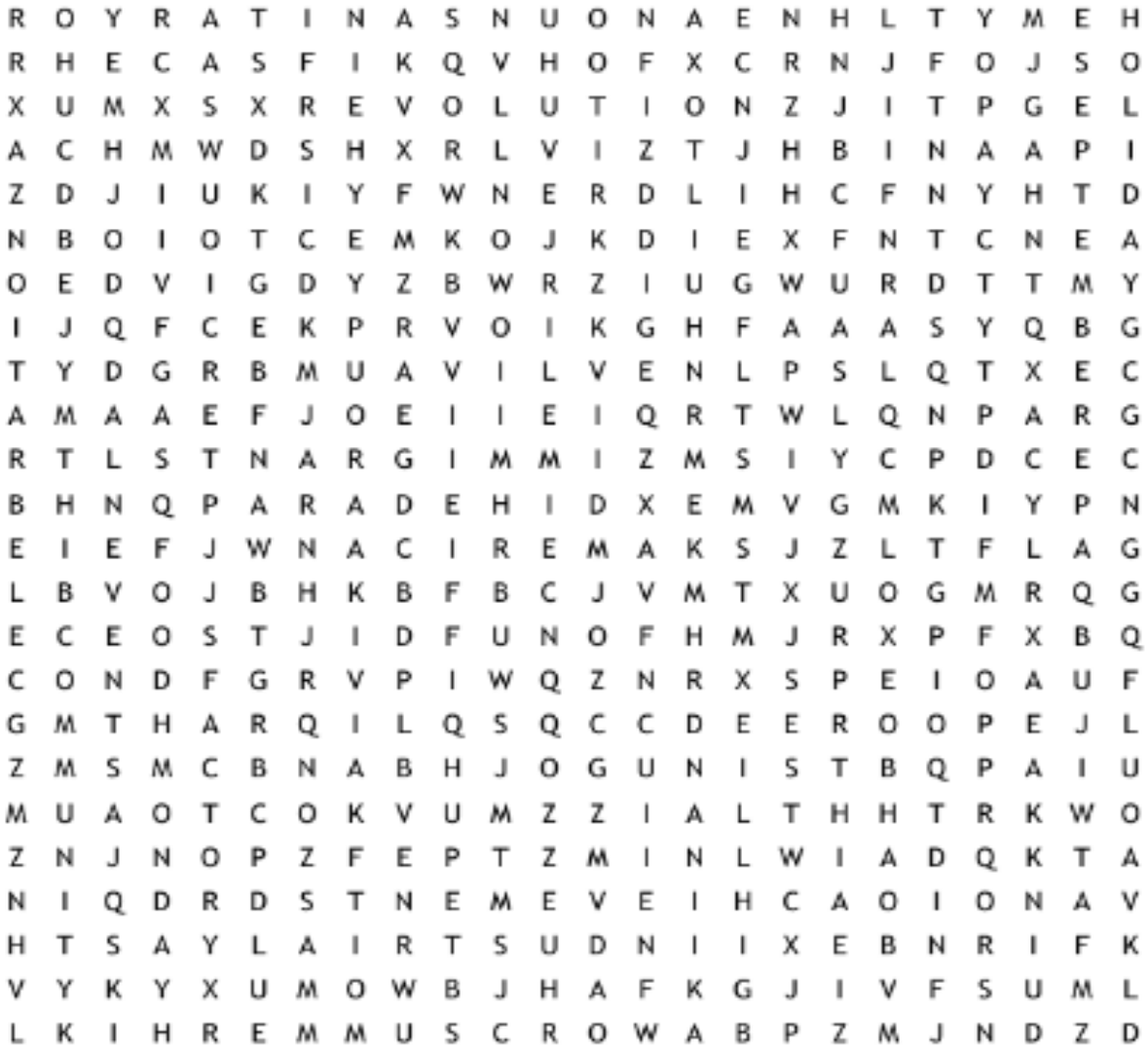
4. **If there's a break in your routine, get back on track.** Start slowly and gradually build back up to your previous level of activity. Ask your family and friends for support.

5. **Keep track of your progress.** Make an exercise plan and don't forget to reward yourself when you reach your goals.

Visit **www.nia.nih.gov/health/staying-motivated-exercise-tips-older-adults** to learn more.

NIH National Institute on Aging

Labor Day Word Search



Achievements	American	Annual	Celebration	Children
Community	Conditions	Events	Factory	Federal
Flag	Food	Freshair	Fun	Holiday
Immigrants	Industrial	Mills	Mines	Monday
Parade	Party	Poor	Revolution	September
Summer	Symbolizes	Tribute	Unsanitary	Workers

September 2023

Aging & Disability Resource Center of Clark County

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 BINGO Greenwood Center @ 11:30	2
3	4 	5	6	7	8 BINGO Greenwood Center @ 11:30	9
10	11	12 Loyal Library Lunch & Learn Call library to sign up 715-255-8189	13	14	15 BINGO Greenwood Center @ 11:30	16
17	18 Cafe 60 Aroma Café will start accepting vouchers	19 Greenwood Library Lunch & Learn Call library to sign up 715-267-7103	20 ADRC Staff at Aroma Café to process applications and vouchers 1:00pm to 3:00pm	21	22 BINGO Greenwood Center @ 11:30	23
24	25	26	27	28	29 BINGO Greenwood Center @ 11:30	30

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

ADRC Newsletter Online:

http://www.co.clark.wi.us/index.aspx?NID=767

ADRC Toll Free Line

1-866-743-5144

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