



Maine Aging News & Information Update

Maine Gerontological Society

Issue 3
Fall/Winter 2006

Medicare Part D Finishes its First Year

Open enrollment has begun again for Medicare Part D. Enrolling by December 8, ensures individuals that prescriptions can be obtained on January 1, 2007. Any application received prior to December 31st by 11:59 pm will be honored although applicants will not be able to receive their medications by January 1st.

The official Medicare Website; www.Medicare.gov provides a wealth of information regarding changes being made in the Medicare Part D program. Enrollment in Medicare Part D is possible through this website. *Center News*, a newsletter for Center for Medicare Advocacy, Inc. Can also be reached via their website at www.medicareadvocacy.org. The *Center News* indicates that The center for Medicare Advocacy "has been contacted by many people whose Medicare Part D premiums have been improperly deducted from their Social Security Checks.". They do warn that it may take up to 120 days for erroneous deductions to cease and up to another sixty days for refunds to be received.

The *Center News's* August Issue, explains the Donut Hole that individuals fall into and how a Donut Hole can be anticipated. According to Tammy Delong, Medicare Specialist in Aroostook, Maine now has 53 Medicare Part D plans, some offering additional coverage through the Donut Hole. Last year the State of Maine contracted with nine Medicare Part D plans to assist those with

limited income. In 2007, five plans exist as a State contracted plan. They include:

- AARP Medicare Rx Plan,
- Signature RX Value Plan,
- Signature RX Plus Plan,
- Fox FX Care Choice Plan; and
- WellCare Signature.

The Signature RX Plus Plan requires enrollment through Legal Services for the Elderly and Good Health when other Plans cannot provide needed coverage.

The next open enrollment period will begin November 15, 2007 and end December 21, 2007. A penalty of one percent of the National Average of the Base Beneficiary Premium (BBP) is applied for each month that an applicant would be eligible for Medicare Part D but has not applied. The BBP currently is \$27.35. This means that a person who does not enroll when they would be eligible could be paying an additional \$1.91 per month which is tacked on to the premium costs. The BBP is prone to change each year, thus penalty amounts could be higher than the noted \$1.91.

Maine does have an Advocated for Medicare Patients (AMP's). This statewide program provided free representation to Medicare beneficiaries in claim denials and conducts training and community education on Medicare issues. They can be reached via their website:

www.state.me.us/dhs/beas/resources.

Medicare Part B Premiums


Those individuals with higher incomes will be paying a larger portion of Medicare Part B Premiums beginning January 1, 2007. This is due to requirements set forth in the Medicare Modernization Act of 2003 and the Deficit Reduction Act of 2005. Phase into the program begins in 2007 and finishes in 2009. As Medicare moves away from "its founding social insurance roots, where all those who qualify pay and benefit equally" (*Center News, August 2006*).

Blaine House Conference on Aging Issue Briefs Now Available

Eight issue briefs prepared especially for delegates attending the 2006 Blaine House Conference on Aging are now available to the general public. Topics addressed include: Maine aging demographics, informal caregiving, formal caregiving, healthy aging, civic engagement, housing, elder abuse, and transportation. All briefs can be accessed at <http://www.umaine.edu/mainecenteronaging/pubandrep.htm#blainehousepubs>

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Factoid! Did you know that there are currently 5.7 million grandparents who have grandchildren under the age of 18 living with them!

From the President ...

Members of the Maine Gerontological Society board and the various committees are hard at work planning for next year's annual conference in Bar Harbor with our colleagues on the Rural Geriatric Planning Committee. We are also involved in the planning of a variety of co-sponsored educational programs to be offered throughout the state. Special efforts are underway, in particular, to establish productive partnerships with other organizations, coalitions, and associations. The intent is to enrich the menu of educational offerings and training resources available to the MGS membership and offer those learning opportunities at discounted registration rates whenever possible. Such a partnership arrangement proved enormously successful in the form of the recently held "Conversations About Elder Abuse", a series of focused discussions on cultural issues, financial exploitation, and emergency planning held on November 3rd in Brewer. In partnering with the Greater Bangor Coalition to End Elder Abuse, the MGS was able to contribute significantly to the depth of content of the final program, publicize this event throughout the state, and offer special expertise in terms of MGS speaker participation.

There is every expectation that the MGS will also be able to engage in productive partnershiping with the UMaine Center on Aging in the coming months in the planning of special educational programs and training workshops on a range of issues of importance to Maine's aging network service providers, educators, and students.

I would like to issue an invitation to other organizational representatives to turn to the MGS when a program planning partner is needed. Our membership includes a range of individuals with impressive substantive expertise that can enrich the programs that you are planning. We can also help insure that news of your event will reach a state-wide audience of aging-related service providers, educators, researchers, administrators and managers, and students. Together we can insure the delivery of high quality programming to those who need it most.



Lenard W. Kaye
MGS President

NOTE

Maine Care Changes Have been Enacted

The Deficit Reduction Act of 2005 includes Maine Care changes. These are Federal changes that affect each State. Some of the major points of these changes include:

1. Gifting now has a five year "look back" time frame, up from a three year look back period.
2. Penalty periods begin until a Maine Care applicant has spent down.
3. Individuals applying for Maine Care with homes that have an equity of over \$500,000.00 are now ineligible. Homes were, prior to the inception of this law, were considered to be exempt. (Please note that States may raise this value to \$750,000.00).
4. Annuities are treated differently than in previous years.

These changes may be confusing to families and applicants. Legal Services for the Elderly continues to provide workshops throughout the State, providing information to interested groups.

Treasurer's Report



The MGS checkbook balance was \$3,585.50 as of August 31, 2006.

We incurred expenses of \$15.00 for a Change of Registered Agent filing and \$3.50 for checking account fees. (The \$3.50 fee applies to one or multiple checks.)

Submitted by

Roberta Downey, Treasurer

**Legislation
Affecting Maine
Elders**



BLAINE HOUSE CONFERENCE ON AGING:

The Blaine House Conference on Aging was held on September 21st, and was a success. Over 200 people gathered to discuss key aging issues and vote on resolutions. The AAAs were involved throughout, and the Conference produced 25 resolutions. To see the Action Resolutions go to:

www.maine.gov/dhhs/b eas/bhcoa_2006.htm.

STATE LEGISLATION/REGULATION:

The first Regular Session of the 123rd Maine Legislature will convene on Wednesday, December 6, 2006.

According to the Maine Constitution, the First Regular Session

of the Legislature must convene on the first Wednesday of December following the General Election of Maine Senators.

FEDERAL LEGISLATION/REGULATION:

The House and Senate are not in session as they prepare for the Mid-Term Elections. Both House and Senate will reconvene on November 9th for the introduction of bills only. They will return to work on November 13th.

In what's often referred to as "lame-duck" sessions, Members of Congress could stay in session until the end of the year while they complete unfinished legislative business. Lame-duck refers to those Representatives and Senators who lost their House or Senate seats, but still have to return to Washington to finish the business of Congress.

Older Americans Act Reauthorization:

The House passed the Older

Americans Reauthorization bill (H.R. 6197) on Thursday, September 28th. In the early hours of Saturday, September 30th, the Senate passed the bill by unanimous consent.

On October 17th, President Bush signed the Older Americans Act into law, which reauthorizes the Act for another five years. To read the entire bill, go to: <http://thomas.loc.gov>.

Continuing Resolution:

Congress approved spending through November 17th on programs that would otherwise run out of money by September 30, the end of the fiscal year.

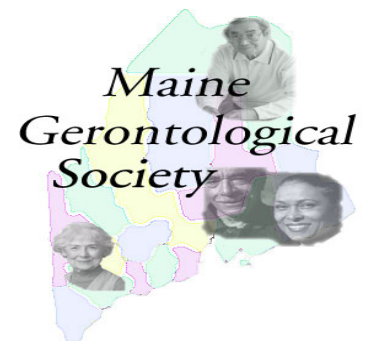
Congress inserted this "Continuing Resolution" (CR) on September 29th into the Defense appropriations bill to prevent funds from stopping for the 10 program areas without completed spending bills. Only Defense and Homeland Security appropriations were passed before Congress left

for its pre-election recess.

The temporary spending provision allows 7 weeks of operations either at the current rate of spending or at the level in either House or Senate-passed appropriations bills, whichever is lower. In the case of Labor-HHS-Education programs, spending will continue at current rates.

As a result, all programs will shrink at least by inflation.

Information Provided by
Graham Newson,
M4A Executive Director
MGS Board of Directors



OLDER ADULT'S BILL OF RIGHTS

An Older Adult's Bill of Rights

- ☞ You have the right to feel safe in your home and community.
- ☞ You have the right to live a life free from abuse, neglect, violence, and intimidation.
- ☞ You have the right to appropriate food, clothing, and housing.
- ☞ You have the right to quality medical care.
- ☞ You have the right to report abuse without fear of retaliation.
- ☞ You have the right to protect how your money will be spent.
- ☞ You have the right to be treated like an adult.
- ☞ You have the right to make choices.
- ☞ You have the right to have your dignity honored.
- ☞ You have the right to expect support from your community.

☞ You have the right to remain engaged in your community.

☞ You have the right to be happy.

~Greater Bangor Coalition to End Elder Abuse

Attention MGS Members

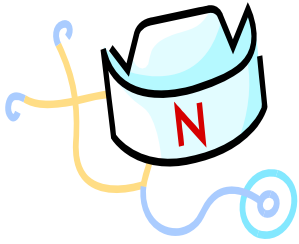
The Third Annual Greater Bangor Area Elder Abuse Conference was co-sponsored by MGS. Older adults who are abused or mistreated are three times more likely to die within the next decade than the same age adults who are not mistreated.

In 1978 the United States Congress declared Elder Abuse a "national disgrace" and to date there is not one Federal employee working full time on issues related to elder abuse.

Participants of the conference met the following objectives:

- . Identification of an older adult's Community Bill of Rights
- . Became familiar with the importance of cultural issues as related to elder abuse
- . Identification of local, state, and national emergency planning efforts with respect to the older adult population and the role they play in such planning efforts.
- . Participants increased their knowledge of financial exploitation of older adults and the resources available to address such issues

MGS members received a discounted rate. Stay tuned for other conferences that may provide discounted rates to MGS members.



MGS Clinical Corner

Falls Prevention in Older Adults

Influenza Season is Here – What You Need To Know

By: Amy E. Cotton MSN, APRN, BC, FNGNA

It's that time of year again when there is considerable attention on the seasonal scourge of influenza. While *pandemic flu* has received much attention in the last few years, it is important to note that pandemic flu and seasonal flu are not the same thing. *Pandemic flu* is a virulent human flu that causes a global outbreak of serious illness. Because there is little natural immunity or resistance, the disease can spread easily from person to person. Health care organizations and communities across the world are currently contingency planning for any such a pandemic event. If you would like more information of pandemic flu, go to www.pandemicflu.gov.

Epidemics of *seasonal influenza* occur during the winter months, with rates of serious morbidity and mortality being higher among persons aged > 65 and persons with medical conditions that place them at high risk for complications from influenza (i.e. immune compromised, chronic lung or heart disease). Influenza is the fourth leading cause of death among elderly individuals.

The hallmark of seasonal influenza infection are primarily the respiratory symptoms developed but include abrupt onset of any of the following:

- High fever, muscle aches, headache, sore throat, rhinitis (runny nose) and non-productive hacking cough.
- Extreme malaise or fatigue/weakness.
- Diarrhea and vomiting (more common in children than adults)
- In the elderly, it is important to know that typical clinical signs such as fever, cough and sore throat may not be present.

In a typical adult, the illness will subside after several days, but cough and weakness may continue for two or more weeks. Influenza can exacerbate underlying chronic health problems such as lung or heart disease and may lead to a secondary infection such as pneumonia. It is critical that individuals that believe they have influenza-like symptoms that do not improve after several days seek

medical evaluation. There are post-exposure medication treatments that can prevent or lessen severity of infection. In long term care facilities with a confirmed influenza case, it is typical practice to offer preventive treatment to all potentially exposed elders due to the high morbidity and mortality rates in this population.

Intensive campaigns for influenza immunization are offered each year, particularly for the Medicare population. The Center for Disease Control recommends health care workers as well as the following high risk individuals get vaccinated:

- People 50 years old and older – Even if you are in good health and active, you are at higher risk for complications if you get the flu.
- People with chronic or long-term health problems – If you have conditions such as diabetes, kidney disease, heart disease or asthma, you are more likely to have complications if you get the flu. If your immune system is weakened by long-term problems like cancer or HIV/AIDS, you need a flu shot.
- Women who are pregnant during flu season.
- Children under 5 years old have a higher risk of emergency room visits and hospitalizations due to flu.

Immunization with flu vaccine can not result in your “getting the flu.” The vaccine is inactivated (contains killed virus) and can not cause the flu. It is recommended that you talk with your health care provider to assess your risk and discuss concerns about influenza. If you are interested in getting more information on influenza, check out the following website: www.cdc.gov/flu

I wish you all a healthy and safe winter and remember, don't forget your flu shot!

MGS Secretary
Sharon Ann Berz, L.M.S.W.-cc
c/o Aroostook Agency on Aging
33 Davis St.
Presque Isle, ME 04769

Email: sberz@aroostookaging.org
Phone: (207) 764-3396



We're on the web!

[www.umaine.edu/
mainecenteronaging/
MGS2.htm](http://www.umaine.edu/mainecenteronaging/MGS2.htm)

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MGS Student Chapter

Careers in Aging

The Association for Gerontology in Higher Education (AGHE) has published two booklets that answer questions for students about working in the field of aging. A 16-page booklet has general introductory information, and a 32-page booklet contains more detailed perspectives on opportunities in the field. Single copies are free. Contents of the 16-page booklet will also be found on the AGHE's Careers in Aging web site www.careersinaging.com/careersinaging/. Refer to it for information on scholarship and fellowship opportunities, determining if the field of aging is a possible career choice for you, and other related information.

In addition, the Gerontological Society of America (GSA) scientific organization for gerontology/geriatrics and the parent organization of AGHE, has a web site called Agework www.agework.com/agework/. This GSA web site provides funding opportunities and job listings for researchers interested in aging. Agework also provides links to volunteer opportunities, federal jobs, U.S. government reports and other government web sites.

GSA Conference

The 59th Annual Scientific Meeting titled: **'Education & The Gerontological Imagination'** was held in Dallas, Texas on November 16-20, 2006; celebrating the 30th Anniversary of the GSA Humanity & Arts Committee. Students had an opportunity to have the conference registration fee waived if they volunteered their time!

For more information, review the GSA website: http://www.agingconference.com/about_the_meeting.cfm or contact Marilyn Gugliucci, Ph.D., at the University of New England mgugliucci@une.edu or call 602-3551. GSA also offers a mentors program for students and junior faculty at the conference (for more information go to: www.geron.org).