



# Generations

Area 13 Agency On Aging & Disability

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Winter 2016 • Volume 55



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# Generations

## Area 13 Agency On Aging & Disability

Generations, affiliated with Vincennes University, is a not-for-profit agency which serves older adults, individuals with disabilities of all ages and caregivers in the counties of Daviess, Dubois, Greene, Knox, Martin and Pike, without regard to race, national origin, sex, age, religion, disability, and/or sexual orientation by providing resources that foster personal independence while assuring individual dignity and an enhanced quality of life.

**Volume 55**  
**Winter 2016**

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Generations Magazine is published by Vincennes University's Community Services/GENERATIONS.

Unauthorized reproduction in any manner is strictly prohibited.

Generations Magazine is published three times a year for older adults in Daviess, Dubois, Greene, Knox, Martin and Pike counties.

Please send all communications to: GENERATIONS, c/o Jane Hall, P.O. Box 314, Vincennes, IN 47591 or [jhall@vinu.edu](mailto:jhall@vinu.edu).

To report a change of address or to be removed from our magazine mailing list, call 1-800-742-9002 or email [generations@vinu.edu](mailto:generations@vinu.edu).

Printed by Ewing Printing • [www.ewingprinting.com](http://www.ewingprinting.com) • Vincennes, IN

*About the Cover: Nothing is quite as serene as seeing our everyday world covered in freshly fallen snow. On behalf of the Generations' family, I wish you all a peaceful holiday season filled with love and joy. - Jane Hall*

*Special thanks to Bartholomew Wedding Photography for the wonderful cover photo of snow covered Main Street shops in the Vincennes historic district.*

## *Letter from Generations' Executive Director*

Dear Friends:

By the time you get this magazine I will have said goodbye to my dear friend and co-worker Jane Hall. After sixteen years with Generations, Jane has decided to retire.

For many years she has been the inspiration and hard work behind this magazine. I have often told her that I wish I could bottle up the pride I feel every time our magazine comes out. She has done a great job of making the magazine always new and fresh.

Jane's creativity, patience and communication skills have made her the voice of Generations. She has this way of taking something that is good and making it better. Or even taking something that is not so good and making it great.

For years she has been "tweaking" the written communication of her co-workers and making us sound polished and professional. Sometimes she has had to do this at the last minute and always did so with a smile. She has this wonderful way of tak-

ing what is in my head and putting it on paper. Not to mention occasionally helping me with my kids' English homework.

Jane also has this intuitive sense of knowing when someone needs a little extra support or a morale booster and finds a way to help them out. Many times I have heard from her co-workers a story about Jane's kindness and how it made a huge difference to them when they really needed it.

Somehow I have managed to talk her into staying long past when she thought she was going to retire. I know I am losing her as a co-worker, but grateful not to be losing her as a friend.

Enjoy your new adventure my friend . . .



**Laura A. Holscher**

A handwritten signature in dark ink, appearing to read "Laura A. Holscher".

## *Being part of Generations was truly a blessing*

The year 2000 will always be remembered as the year the whole world waited for the Y2K disaster that never happened.

But as for me, I will always remember it as the year I made a major career change that positively impacted not just my professional life, but my personal life as well. It was in November of 2000 that I joined the Generations' team.

From day one, I found a welcoming atmosphere and co-workers who were more like good friends. Not only did they help me make the transition from the business world to social services, they also sup-

ported and comforted me as I dealt with my Mother's declining health and eventual passing. Being in their company has always been a source of joy and inspiration for me.

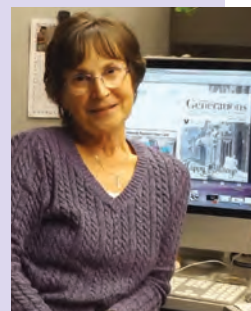
And while I look forward to my retirement, I have no doubt that I will continue to stay connected with all these wonderful people as a volunteer. I am so happy that one of those wonderful people, Brenda Hancock, will be moving into my position when I leave.

Being the editor of our Generations' magazine has been an honor for me. I have also enjoyed the distinct privilege of

working with all the special individuals who share their time and talents as members of our Generations Advisory Council.

In closing, I want to thank Laura Holscher, all my co-workers, our volunteers, our council members and all our faithful magazine readers and advertisers for all their support over the years.

May God bless you all.



**Jane Hall**

A handwritten signature in dark ink, appearing to read "Jane Hall".



# TRAVELING DARK VALLEYS

*(The following commentary appeared in the April-June 2016 issue of Kenneth and Mary Gergen's Positive Aging Newsletter sponsored by the Taos Institute - [www.taosinstitute.net](http://www.taosinstitute.net))*

BY KENNETH GERGEN

For Mary and me, an orientation toward positive aging is not simply about staying on the bright side of life. It also means finding ways of traveling through the dark valleys of life without falling into despair, and discovering meaning even in the shadows.

For me the past three weeks have been largely a journey through such a valley. A long-needed heart valve was replaced, and the surgery left me with pain, lost abilities, and many tedious and grim hours. I had never experienced serious surgery before, so I found myself without resources to move through this world in anything approximating a positive way.

Slowly, however, with Mary as my conversational companion, I began to find some ways of

confronting the daily challenges. I share five of these here, in hopes that others might find them useful:

## ***Choose your comparisons.***

"How am I feeling" is a question frequently asked by others and myself. It is not an insignificant question, because how I answer can often affect my mood. The most important point is that "how I am feeling" can only be answered in comparison to some standard. Choosing the standard is crucial!

*Continued on Page 6*

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# HEALTHY AGING IN WINTER AND BEYOND:

## 4 Important Vaccines for Seniors Covered by Medicare

BY NCOA'S HEALTHY AGING TEAM

Scientists have proven that cooler temperatures weaken our immune system, making us more susceptible to illness and infection. Additionally, cooler weather toughens the outer shell of viruses, making it easier for them to travel from person to person. The immune system naturally weakens with age, which means winter can be even more dangerous.

Here's a list of four vaccines that Medicare helps pay for and that you should talk with your doctor about to help protect yourself from illness this winter and beyond.

### INFLUENZA VACCINE

Why is it important for older adults to get the flu shot? Older adults—even if you are healthy—

are at higher risk when it comes to the flu due to age-related weakening of our immune systems, making it more difficult for us to fight off disease. For the 86% of adults 65+ who are managing a chronic condition—like diabetes or heart disease—the flu can be even more dangerous because you are more likely to develop complications or become hospitalized. Flu combined with pneumonia—a common acute condition among the aging population—is one of the top 10 causes of death for those aged 65+ in the U.S. According to the CDC, the flu vaccination is the best way to prevent the flu. To address the increased risks faced by the aging

population, a higher-dose version of the flu vaccine was created specifically for older adults – talk to your doctor today about this option.

When should you get the flu shot? You should get a flu shot annually. For older adults, it's best that you get your vaccine as early in the season as possible to prevent contracting the flu from a loved one, caregiver, or friend.

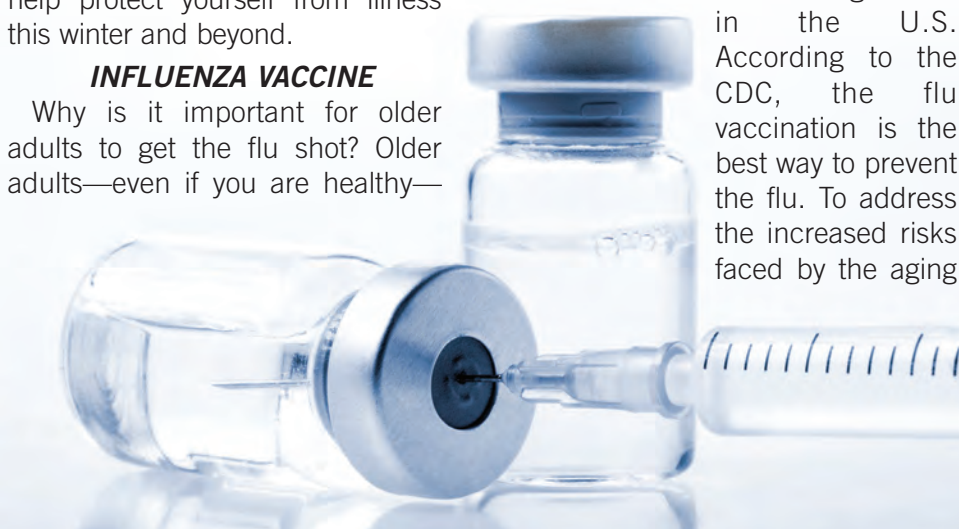
How does Medicare cover the cost of the flu shot? The flu vaccine is a once a year, cost-free Medicare Part B benefit. For Original Medicare, you must use a physician or healthcare provider who accepts Medicare, and for Medicare Advantage, you may have to use an in-network doctor or pharmacy.

### SHINGLES VACCINE

Why is it important for older adults to get the shingles vaccine? Researchers believe that the age-related weakening of our immune systems can trigger the “reawakening” of the dormant chickenpox virus. One in three adults contracts shingles at some point in their life—the majority of whom are 60 years or older—and the older you are when you get shingles, the more likely you are to have severe side effects, like fever, exhaustion and loss of appetite. These can lead to malnutrition, physical deterioration and/or additional infections. Whether you remember having chickenpox as a child or not, you should still talk to your doctor about getting vaccinated.

When should you get the shingles vaccine? The shingles vaccine is a one-time vaccination that all adults aged 50+ should receive—even if you have already had shingles. As the vaccine's effectiveness only lasts five years, and given that symptoms become more severe with age, it

*Continued on Page 19*



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# TRAVELING DARK VALLEYS

*Continued from Page 3*

If I use the standard of my pre-op life, I am plunged into a hole. I feel terrible! And, because there are many ups and downs across the days of recovery, it is important to select that moment that will allow me to draw a positive conclusion. "Compared to yesterday at this time....", "Compare to last night when it took the nurse four tries to draw blood..." If I am careful to select the right moment of comparison, the day is that much brighter.

**Friends and family are invitations to exit myself.** When I am alone, my focus often remains on myself...conscious of each ache and pain, each sign that things may be going amiss. I live in a world of grey to black from which it is oh so difficult to imagine myself otherwise. Friends and family are powerful invitations to exit this pit. The important point is to shift the conversation as soon as possible away from myself, to their lives. As they speak about their dramas, I exit myself. I am caught up in their lives, living vicariously in worlds of significance and hope.

**Search for the soft.** One major problem with being a surgical patient, is the radical reduction in human touch. Not only did I resist others' touching, feeling fragile as a patient, and fearful that one untoward touch would undo my incisions. But as well, visitors in general were very careful and tentative in their approach. Perhaps it is the caring security that accompanies touch, but its loss is significant. Thus I began to search for any form of garment, toweling, or other soft material – a substitute, for sure, but far better than nothing. For me, the gift from the gods came in the form of a luxuriously soft,

faux fur throw, a gift from my son and daughter-in-law. It has been a constant companion.

**Enjoy the returns to childhood.** The idea of maturity is frequently equated with autonomy. To grow up, is to learn self-sufficiency. This seems especially so for us males. Becoming a patient is thus akin to losing one's maturity. There is the silent but repeated echo, "You are such a baby..." But such

thoughts were debilitating; the situation only became worsened. So, a reflection: what a wonderful opportunity to enjoy again some of the joys of immaturity! It was also gratifying to find that Mary, and the many others upon whom I have leaned, actually found meaning in this transition.

**Forgive yourself.** Before surgery I painted a picture of convalescence

*Continued on Page 7*

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# TRAVELING DARK VALLEYS

*Continued from Page 6*

in which I would bask in the luxury of having time for activities too often shoved aside in the rush of daily life – reading, listening to music, catching up on correspondence, and the like. Thus, when I found myself after surgery little able to concentrate, continuously exhausted, and lacking any ambition, my initial impulse was

self-criticism. I was turning into a vegetable! Then a reflection: were my hopes not just another repetition of the life-long voice on my shoulder, equating worth with productivity? The voice was now my enemy. I was later surprised to find how easy it was to enjoy a nap whenever needed.

I suspect that readers could offer many more, and possibly

far better, ways of moving more resiliently through such dark periods. I often think there should be an international web-resource where people could share their many –otherwise private – ways of dealing with loss, depression, illness, and the like. Such a vision is itself uplifting.



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# Advance Care Planning for Serious Illness

PROVIDED BY THE ADMINISTRATION  
FOR COMMUNITY LIVING

Making plans for the health care you want during a serious illness is called “advance care planning.” Planning involves learning about your illness, understanding choices for treatment and care, talking with family and health care providers, and completing written documentation of these choices.

“Family” can be people related to us or those we choose to call family.

## **Communicate Your Wishes:**

Talk about health care decisions with your family and health care providers. Be clear about the type of care you want. Think about what you feel would make you comfortable during the last stages of your life.

Medicare covers voluntary planning discussions with your health care professional during the Welcome to Medicare preventive visit, your Annual Wellness Visit, and at other times when you need to have this discussion as part of your medical care. You may want to discuss planning documents, like a durable power of attorney for health care, or medical care decisions and their impact on your life.

## **Written Directions:**

There are two types of written legal documents, also called advance directives:

- A living will spells out your decisions for treatments and life-sustaining measures such as mechanical breathing (respiration and ventilation), tube feeding, or resuscitation.
- A durable power of attorney for health care



names a health care proxy, who is the person who makes choices for you when you cannot. If you do not name a health care proxy, states generally have rules about how families can make care decisions for you.

Health care providers and insurance companies need your permission to share personal information with the health care proxy.

## **POLST**

You may ask your health care providers to discuss and complete a Physician Orders for Life-Sustaining Treatment or POLST form. This is an option for people with a serious illness that is likely to get worse over time.

A POLST makes sure that decisions about care at the end of life are written as medical orders that health care providers must follow.

*Continued on Page 19*

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## *In Memory*

With the passing of

**Laurie Heintz**

on September 22nd, Generations lost a dear friend and an ardent supporter. Laurie was the Generations' magazine editor from 2002 to 2006. During that time, I had the pleasure of helping her with feature writing and layout. When she moved on to another job, I took over her role as editor. Laurie always loved quotes and a while back she shared this one with me because she thought it was perfect for the magazine. She was right. So in tribute to Laurie, I am sharing it with all of you. - Jane Hall

"Never lose sight of the fact that old age needs so little but needs that little so much." - Margaret Wilbur



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# Hearing Loss: What It Is and How It Affects You

BY KARIN SCHMIDT

*I hear just fine if everyone would just speak up!*

*I don't know what is wrong with the younger generation. They just mumble!*

*I can't have a hearing loss. I am not that old!*

*It is just selective hearing. I hear what I want to hear.*

Karin Schmidt is board certified in Hearing Instrument Sciences. She is the owner of Hometown Hearing, Inc. in Vincennes. She has been fitting hearing technology since 2005.



of hearing loss in the U.S.

Some of the medications we take for other ailments can cause hearing to decline.

Illnesses you have had in your lifetime, not just ear infections, can affect how your ear functions.

Last but not least - aging. Yes, as we age things just don't work like they used to, and if you have any of the other causes of hearing loss this may make hearing more difficult.

How does hearing loss affect your life? Here are some facts that you might find interesting. Adults with untreated hearing loss are more likely to report depression, anxiety, and paranoia than those with treated hearing loss.

Untreated hearing loss can also lead to a 30-40% faster decline in cognitive abilities than peers without loss. This is due in part to withdrawing from activities. Being social and engaging with others is difficult when you can't understand what is being said. It is embarrassing when you think someone asked you a question and your answer doesn't fit the question.

*Continued on Page 22*



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# DOING GOOD IS GOOD FOR YOU VOLUNTEER!

PROVIDED BY THE NATIONAL ASSOCIATION OF  
AREA AGENCIES ON AGING (N4A)

As 10,000 Americans turn 65 every day, they are redefining what it means to reach this aging milestone. Some are delaying retirement. But whether they are working or not, many are embracing opportunities to contribute in new ways by volunteering, sharing a lifetime of knowledge and experience to improve the lives of people in their communities. But volunteering not only benefits society—research shows it can also pay big dividends in better health as you age.

If you volunteer for as little as two hours a week, or about 96 hours per year, you may experience improved mental, emotional and physical health—benefits that many older volunteers are reaping because, on average, they contribute almost twice as many hours as any other age group. Volunteering can help to reduce depression, lessen chronic pain and give your brain a boost. You may even live longer!

Do you need another reason to get on the volunteer bandwagon? With the number of volunteers age 65 and older expected to double in just a few years, chances are, you'll be in good company as you reconnect with old friends or make new ones.

## *I Want to Volunteer! What Do I Do?*

The process of finding the right volunteer opportunity begins with asking yourself a few key questions.

What issues or topics do you find especially interesting?

For example, have you always wanted to work with older adults or children? How about veterans or people with special needs? Do you have a special soft spot for pets or environmental causes?

What activities do you really enjoy?

Keep in mind that the activities you choose should not be limited to the things you do well. In other words, if you're a good writer, but often dread writing, explore activities that are more satisfying. And don't forget, volunteering provides an opportunity to learn or engage in new activities.

How much time can you realistically give to volunteering?

Volunteer programs often provide a range of scheduling options to accommodate the needs of participants, so before you accept a position, consider whether the duties will integrate well with

the other priorities in your life.

## Doing Good is Good for You Volunteering



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Cathy Jones at  
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[www.generationsnetwork.org](http://www.generationsnetwork.org)



advocacy action answers on aging

## AGING & DISABILITY RESOURCE CENTER

- Pre-Admission Screening completed 2,289 assessments to determine appropriateness of nursing facility placement.
- Staff conducted 2,375 information and referral units and provided options counseling to 1,671 callers.
- 2,811 clients received face-to-face assessments and options counseling.
- Staff conducted 112 counseling sessions with older adults needing guidance with Medicare Part D plans and other health insurance issues.
- Of Consumer Satisfaction Surveys returned, 100% of them indicated that individuals who were assisted by an Options Counselor were pleased with the help that they received and would call again.

## ANGELWORX VOLUNTEER PROGRAM

- 1,131 children were screened for common eye problems through the vision screening program.

- **29 Little Elves Workshops** provided 712 children with an opportunity to "shop" for Christmas gifts for the adult caregivers in their homes.

- **Disability Awareness programs** provided over 500 students with an opportunity to experience some of the challenges that individuals with disabilities and older adults must overcome.

- Color for a Cause Program collected 16,929 coloring pages from students and delivered them to homebound clients and residents of long-term care facilities.



- **Build\*A\*Basket** provided 755 baskets filled with everyday necessities for homebound clients.

- 87 Love-A-Bears were made and delivered in partnership with Helping His Hands ministry, Good Samaritan Hospital and Willow Manor's Alzheimer's Unit & Hospice.

- **117 pet beds** assembled by Generations volunteers have been delivered to the Pet Port, along with 36 smaller beds delivered to the local Humane Society.



## CASE MANAGEMENT

- Case Managers made 2,300 home visits with 605 clients.
- Case Managers are serving 412 A&D Medicaid Waiver clients which is a record number for Generations
- Of Client Satisfaction Surveys returned, 100% of them indicated that the client is satisfied with his/her case manager.

## NUTRITION

- 122,015 meals were delivered to homebound clients and 19,109 meals were served at congregate sites.
- Consumer Satisfaction Surveys showed that 94% of the Meals on Wheels clients would recommend the program to a friend.

## HEALTHY AGING

- 75 people participated in Generations' Trailblazer 5K on the campus of Vincennes University.
- 280 Senior Farmers Market vouchers were distributed.

- Approximately 126 people participated in **Matter of Balance workshops**.

- Generations was awarded a Senior Medicare Patrol contract.



## OMBUDSMAN

- 55 consultations were provided to long-term care facilities and 93 visits to facilities were completed.
- 230 residents and staff from 23 long-term care facilities attended the 2016 Area Residents' Council Meeting at Vincennes University.

## MAJOR ACCOMPLISHMENTS/AWARDS

- Generations was selected as the beneficiary of Old National Bank's **100 Men Who Cook** event that raised \$66,400 for our Meals on Wheels program.



- Generations hosted its first **Fit & 50+ Senior Regional Games** in August of 2015.

- Vincennes University began hosting the Generations' website — generationsnetwork.org.

- Generations was awarded a ServeIndiana Grant to start a **Volunteer Center in Greene County**.

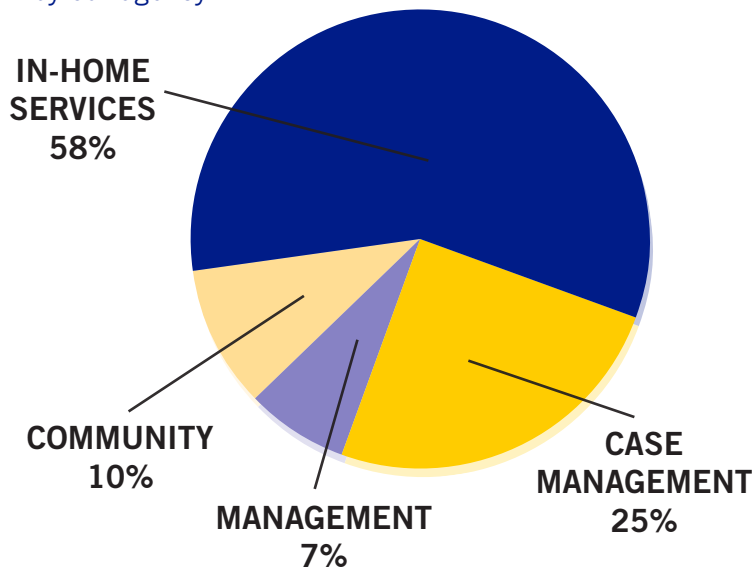




# PORT FISCAL YEAR 2015-2016

*Generations depends on federal and state dollars and donations from individuals and charities.  
Below is a profile of our financial position.*

Our major funding sources include Older Americans Act, CHOICE, Social Service Block Grant, Medicaid Waiver and RSVP. Generations also receives funding from area businesses, community foundations, industries and individuals to support the programs and services offered by our agency.



## UNITS OF SERVICE

Meals on Wheels	132,203 Meals
Congregate Meals	19,275 Meals
Homemaker	9,781 Hours
Legal	251 Hours
Ombudsman	1,950 Hours
Transportation	28,926 Rides
Information & Assistance	1,456 Contacts
Case Management	82,996 Units
Personal Care	17,598 Hours
Adult Day Services	5,693 Hours
Volunteer Services	62,707 Hours
Pre-Admission Screening	3,315 Hours

## REVENUES

Federal Funds	\$1,981,123
State Funds	\$1,147,350
Client Contributions	\$45,264
In-Kind Match	\$39,833
Fees/Cost Share	\$7,886
Cash/Other/Grants	\$70,610
<b>TOTAL</b>	<b>\$3,292,066</b>

## EXPENDITURES

### REVENUE

Aging & Disability Resource Center	\$243,733
Transportation	\$52,446
In-Home Service	\$698,795
Home Delivered Meals	\$803,324
Congregate Meals	\$117,965
Case Management	\$816,770
Legal	\$6,294
Ombudsman	\$57,562
Management	\$236,301
Volunteers/TCE	\$18,000
Healthy Aging/AngelWorx	\$122,957
Caregiver	\$117,919
<b>TOTAL</b>	<b>\$3,292,066</b>

# Take Care to Give Care:

## ACL's Mission to Support Families and Family Caregivers

BY EDWIN L. WALKER

Acting Assistant Secretary for Aging and Acting Administrator  
Administration for Community Living

Families, in all their many forms, are the cornerstone of our society, our connections to the past and our bridges to the future. For persons of any age with a disability or other long-term support need, loved ones are often the main reason they are able to remain independent at home and active in their community.

Family caregivers are the backbone of America's long-term care system and are often referred to as selfless, tireless and courageous. Stepping in to provide care for a friend or loved one can be a rewarding and uplifting experience and reflects the very best in human nature.

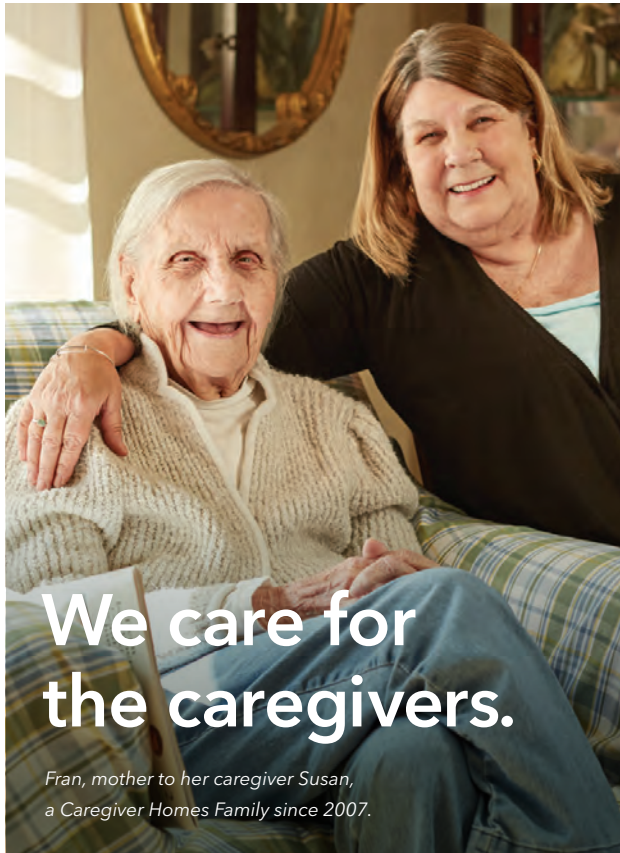
While family caregivers are all these things and more, they are human nonetheless. They are not immune to stress, fatigue, burnout or illness. In fact, research shows they may be more vulnerable in this regard. We

know that, unless family caregivers stop to take a break, to care for their own needs, they are less likely to be able to continue in their roles indefinitely.

The theme for National Family Caregivers Month is especially noteworthy: "Take Care to Give Care." Nothing could be truer. Anyone who has provided care for another knows the importance of stopping periodically to take care of him or herself, something often easier said than done.

Family caregivers must be encouraged and supported at every step to ensure they are taking proper care of themselves, physically, emotionally and spiritually.

This year's theme is also particularly relevant to the mission and purpose of the Administration for Community Living (ACL) to "maximize the independence, well-being and health of older adults, people with disabilities, and their families and caregivers."



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# Caregivers and Serious Illness

PROVIDED BY THE ADMINISTRATION  
FOR COMMUNITY LIVING

Do you regularly provide care to a family member, neighbor, or friend with a serious illness? Do you help them with tasks like grocery shopping, cleaning their home, or getting dressed? Do you need information about providing this care or a short break from doing it? If you answered “yes” to any of these questions, you are likely a family caregiver. “Family” can be people related to us or those we choose to call family.

## **Caregiver Responsibilities**

When a family member has a serious illness, you may help with health care decision-making, medical

procedures and care, and daily activities. You may buy and prepare food; manage finances, legal work, and insurance; provide transportation; do housework; handle your loved one’s former responsibilities, such as child care; and provide help with daily activities like bathing and eating.

If your family member has a brain disease like Alzheimer’s disease or another type of dementia, mental health problems, or a brain injury, you may have even more responsibilities. These can include complex tasks and the most basic human tasks. People with dementia get progressively worse over time so that you may provide more and more help, until the person is totally dependent on you.

As a caregiver, you need clear information and directions about your loved one’s condition and health care needs. Getting this information from health care providers is very important during major changes, like leaving a hospital or nursing home. Having conversations with your loved one about treatment choices and making plans for care is important.

## **Getting Help**

You may feel good about helping your family through serious illness and from having close connections with them. However, caring for a family member’s physical, mental, and emotional needs can

*Continued on Page 23*



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*Love,  
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# Watch Out for Hospice Care Fraud

PROVIDED BY SENIOR MEDICARE PATROL

Authorized in 1982, over half of Medicare beneficiaries now use Hospice benefits. As of 2011, 1.2 million individuals are receiving hospice care, equaling \$13.7 billion. With hospice care assisting terminally ill beneficiaries throughout the end stage of a terminal disease, hospice patients are less likely to read and understand their Medical Summary Notices.

The Medicare Summary Notices are the number one line of defense in stopping healthcare waste, fraud and abuse. However they only work when they are read and understood.

Generally, hospice care includes nursing care, physical or occupational therapy, speech-language pathology, medical social services, home health aide services, homemaker services, medical supplies and counseling. Everyone on Medicare Part A, who has been diagnosed with a terminal illness and a life expectancy of six month or less is eligible.

Beneficiaries agree to forgo curative care in favor of palliative care to manage pain and symptoms. This means no services related to the treatment and management of underlying terminal illness or a related illness.

Hospice fraud is being committed, according to the Compliance Program Guidance for Hospices, through the following most common examples:

1. Admitting patients to hospice care that are not terminally ill
2. Arrangement with another health care provider, such as a nursing facility, that a hospice knows is submitting claims for services already covered by the Medicare hospice benefits
3. Falsified medical records
4. Inadequate or incomplete services rendered
5. Hospice incentives such as gifts or free services to actual or potential referral sources
6. Overlap in services provided by the hospice and a nursing home
7. Billing for a higher level of care than was necessary
8. Knowingly billing for inadequate or substandard care
9. Exertion of pressure on a patient to revoke hospice benefit when the patient is still eligible but the care has become too expensive for the hospice to deliver

In addition, according to OIG report Medicare Hospices that Focus on Nursing Facility Residents, 31% of hospice beneficiaries reside in nursing homes. Since long term care is not a Medicare covered service, a beneficiary on hospice in a long term care setting will only see those services billed to Medicare.

It is critical, for those needing hospice services, to rely on a family member or caregiver to help make sense of the statements they receive if they're not able to themselves.



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## Important Vaccines for Seniors

*Continued from Page 5*

could be better for some to wait until they are aged 60+ to get the injection, but you should consult your doctor to learn what is best for you.

How does Medicare cover the cost of the shingles vaccine? All Medicare Part D drug plans, or Medicare Advantage plans that include prescription coverage, typically cover the shingles vaccine. However, there is usually an out-of-pocket cost. Depending on your plan, you will either be responsible for a copayment (fixed dollar amount) or coinsurance (percentage of the vaccine's cost).

### **PNEUMOCOCCAL VACCINE**

Why is it important for older adults to get the pneumococcal vaccine? Pneumococcal disease kills 18,000 adults 65+ each year. A weakening immune system means that older adults are at greater risk, and can face more severe side effects, especially those who are managing chronic diseases.

When should you get the pneumococcal vaccine? The pneumococcal vaccine—you may hear people call it the pneumonia vaccine—is actually two shots given about a year apart. Check with your doctor to see if you've had either shot already.

How does Medicare cover the cost of the pneumococcal vaccine? The pneumococcal vaccine is a cost-free benefit covered by Medicare Part B. For Original Medicare, you must use a physician or healthcare provider who accepts Medicare, and for Medicare Advantage, you may have to use an in-network doctor or pharmacy.

### **HEPATITIS B VACCINE**

Why is it important for older adults to get the hepatitis B vaccine? The liver and its function change as you age, making hep B more prevalent among older adults. Your risk of contracting hepatitis B increases if you have hemophilia, end-stage renal disease (ESRD), diabetes, or other conditions that lower resistance to infection. Acute

hep B is particularly dangerous for older adults because there is no specific treatment for the symptoms.

When should you get the hepatitis B vaccine? The hepatitis B vaccine is a series of three or four injections received over six months. Most Americans are vaccinated against hepatitis B as infants. If you are not sure if you've been vaccinated or if you are in a situation where you may need to update your vaccination, contact your doctor immediately.

How does Medicare cover the cost of the hepatitis B vaccine? Medicare Part B insurance covers the full cost of the hep B vaccine if (A) a doctor determines that you are at high or medium risk of contracting the hep B virus, and (B) the physician or healthcare provider administering the vaccine accepts Medicare. Consult your doctor to determine your risk of getting hep B.

### **MAKE A PLAN TO GET VACCINATED TODAY!**

Getting these vaccines is an important part of healthy aging, and they also help ensure the health of your friends and family. Call your doctor today to see if these vaccines are right for your health, and then check with your Medicare provider about where you can get them. If you know someone who may not be vaccinated, share this information with them so they can take the next step toward protecting themselves.

## Advance Care Planning

*Continued from Page 8*

The POLST should list the medical care people do or do not want, given their current health condition. It should include decisions for cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing.

Without a POLST, emergency care providers generally must provide such medical treatment to keep people alive. Not every state has POLST, and some states have similar forms that go by different names.

Remember: You may change your mind about care as you get older or if you become ill.



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# Caregiver Corner

## Why You Deserve a Good Night's Sleep

PROVIDED BY HOME INSTEAD  
SENIOR CARE

Many family caregivers make their way through the day in a sleep-deprived haze. As they yawn repeatedly and guzzle coffee all day long, they may remember a time before caregiving, when they awoke refreshed and eager to greet the day after a night of restorative sleep. Wouldn't it be nice to feel that way again?

Caregivers can have trouble sleeping for a variety of reasons:

- Frequently awakening to assist a loved one in the middle of the night
- Worrying about issues like finances or their loved one's health
- Inadequate nutrition
- Use of stimulants like caffeine to stay awake during the day
- Lack of exercise due to time constraints
- Feeling guilty for sleeping or napping when there's so much work to be done

The Family Caregiver Alliance reports that nearly three-quarters of people who care for a family member with dementia experience problems sleeping. And while a good night's rest can make you feel refreshed and happy, sleeping also might help you ward off a host of medical problems.

Sleeping should not be viewed as an extravagant act. Quite to the contrary, sleep is necessary to your mental well-being and serves an essential health function.

According to Harvard University, "Treating sleep as a priority, rather than a luxury, may be an important step in preventing a number of chronic medical conditions."

Here are three benefits you can reap by prioritizing sleep in your caregiving life.

### *Sleeping can help you avoid weight gain*

Have you ever noticed how you seem to feel hungry all day after you've tossed and turned the night before? You may find yourself raiding the pantry in search of cookies or potato chips. And no matter how much you munch, you still might feel hungry.

### *It's not your imagination*

Your appetite is controlled by hormones secreted by the body at night. When you sleep poorly, your appetite hormones get out of whack. This can lead you to feel you need to stuff yourself with chips and cookies even when you're not legitimately hungry. This type of eating can cause you to gain weight, which saps your energy and might make you less able to perform your caregiving functions.

In contrast, when you get an adequate amount of sleep you stand a better chance of getting through the day without craving junk food. When you're well-rested, you can satisfy your hunger with foods like fresh fruits, vegetables and whole grains. These wholesome foods will give you energy, help you feel more alert and possibly keep you from packing on the pounds.

### *Sleeping can stave off the blues*

Tossing and turning night after night certainly can make you feel depressed. You might be able to cope with an occasional sleepless night, but who wouldn't feel irritable, impatient or mentally exhausted when that single episode morphs into weeks of insomnia?

This moodiness caused by poor sleep isn't necessarily a temporary problem. Researchers are starting to correlate chronic sleep deprivation with long-term mood disorders like anxiety and depression.

When you get a solid seven or eight hours of sleep on most nights, you may find yourself feeling more patient, calm and

*Continued on Page 22*



# NOTICE Act Entitles Hospital Patients to Admission Status Information

BY JEFF R. HAWKINS &  
JENNIFER J. HAWKINS

We have reported the problems and pitfalls that result from doctors admitting Medicare patients to hospitals on “observation” status twice over the past 18 months. A new federal law promises to begin protecting Medicare patients from those problems and pitfalls in fall 2016.

Last year, President Obama signed the Notice of Observation Treatment and Implication for Care Eligibility Act (also known as the “NOTICE Act”). The NOTICE Act was supposed to become effective on August 1, 2016, but federal regulations were not implemented until later. The NOTICE Act will require hospitals to inform patients whether the patients have been admitted to the hospital on “inpatient” status versus “observation” status.

When a doctor admits a patient to a hospital, the patient and patient’s family members may assume that the patient has been “admitted” to the hospital as an inpatient. The patient is probably being taken care of by doctors and nurses, may be receiving medication, and even staying overnight for one or more nights. However, the doctor may have ordered the hospital to keep the patient in the hospital for observation instead of ordering full inpatient status for the patient.

The difference between observation and inpatient admission status affects patients that receive Medicare benefits. Observation status does not trigger Medicare’s comprehensive hospitalization coverage, so the patient may be required to pay physician and drug co-pays that Medicare would otherwise cover for a hospital inpatient.

The most troublesome result of being on observation status is that it interferes with Medicare’s payment of physical rehabilitation costs after observation hospitalization. Medicare will pay for the hospital expenses and up to 100 days in an inpatient physical rehabilitation facility if a doctor admits the patient to the hospital as an inpatient

*Jeff R. Hawkins and Jennifer J. Hawkins are Trust and Estate Specialty Board Certified Indiana Trust and Estate Lawyers in Sullivan, IN. Jeff is a Fellow of the American College of Trust and Estate Counsel. For more information, visit their website at [www.HawkinsLaw.com](http://www.HawkinsLaw.com).*



through two consecutive midnights and the hospital discharges the patient directly to the physical rehabilitation facility. Medicare and the patient’s Medicare supplemental insurance will pay the rehabilitation costs for up to 100 days as long as the physical rehabilitation

treatment is beneficial to the patient. However, if the hospital transfers patient to the physical rehabilitation facility after an observation admission to the hospital, Medicare will not pay the full hospitalization cost or any of the room and board charges for the inpatient physical rehabilitation services.

Several of our clients have sought our help about hospital and nursing home bills worth many thousands of dollars after they discovered that their doctors had hospitalized them on observation status, and then ordered them transferred them to physical rehabilitation facilities. In some cases, the shock of receiving bills for uninsured medical expenses created such emotional stress that patients’ health declined too much to continue living independently at home.

We continue recommending that patients and their families address hospital admission status vigilantly. As we wrote on February 15, 2015:

Patients and their families should be aware of the Medicare rule and make sure that any hospitalization follows the Medicare standards. Because healthcare is so expensive, it is critical that the patient or the patient’s family determine the hospitalization status immediately and challenge an observational placement very vocally and persistently if they think that the status is incorrect. If a patient or the patient’s family waits too long to object to the hospitalization status, the very small time windows for objections and appeals may close and the patient may be stuck with an expensive hospital bill or nursing home bill permanently.

# Good Night's Sleep

Continued from Page 20

capable as you go through your day. You already make sacrifices to provide care for a loved one; your mood should not be among them. You deserve to nurture your mental well-being with regular restful sleep.

## *Sleeping well may make you a safer driver*

Picture this: You're driving your loved one to a medical appointment. As you wait at a red light, you suddenly realize the driver behind you is honking. The light turned green, and you didn't notice. Did you momentarily nod off?

This very scenario plays out day after day among people who are sleep deprived. Studies show a lack of sleep leads to fatigue and inattention. In fact, the Institute of Medicine estimates 20 percent of all motor vehicle accidents can be attributed to drowsy driving.

A good night's sleep can help sharpen your motor skills and reflexes. After a restful night, you'll not only feel more alert as you get behind the wheel, but you'll likely be able to navigate traffic easier and more safely.

## *A few helpful tips for getting a good night's sleep*

If you now feel inspired to make sleeping a higher priority, here are a few practical tips for how to get all the Zzzs you need:

1. Go to bed at the same time every night.
2. Rise at the same time every morning.
3. Avoid stimulants like caffeine.
4. Get some exercise, preferably in the fresh air, every day.
5. Make your bedroom an inviting and relaxing place by keeping the environment dark and cool.
6. If your caregiving duties require you to get up frequently during the night, arrange for respite care on a regular basis so you can get some uninterrupted sleep.

Sleep should not be viewed as a luxury for anyone. The restorative functions of sleep make it one of the healthiest things you can do for yourself. Give yourself—and your loved ones—the gift of rest. It likely will make you a happier caregiver in the long run.

## Hearing Loss

Continued from Page 10

Untreated hearing loss has also been associated with high blood pressure, diabetes, osteoporosis, and obesity. No, hearing loss does not cause these conditions but these conditions can contribute to hearing loss.

Hearing loss can also contribute to instability. People with a mild hearing loss are three times more likely to fall.

So as you can see untreated hearing

loss can affect your lives in many ways.

I started with statements that I hear in my office so let me end with a few as well.

*I don't know why I waited so long!*

*You really helped my relationship with my loved ones. I feel like I am a part of their lives again.*

*I had no idea what I was missing!*

## WHAT IS ELDER ABUSE?

PROVIDED BY NCOA

Elder abuse is a silent problem that robs seniors of their dignity, security, and—in some cases—costs them their lives. Elder abuse includes physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment.

Perpetrators include children, other family members, and spouses—as well as staff at nursing homes, assisted living, and other facilities.

If an older adult is in immediate, life-threatening danger, call 911. Anyone who suspects that an older adult is being mistreated should contact a local Adult Protective Services office, Area Agency on Aging, or police.



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# Caregivers and Serious Illness

*Continued from Page 17*

take a toll on you. You may experience distress, anxiety, depression, exhaustion, and worsening of your own physical and emotional well-being. As a result of these types of stress, your health can suffer.

You are likely to need help from other family members, friends, and care providers, and should be able to ask for what you need from others. For example, you may have a family member or friend who could help manage finances and insurance benefits by taking on those tasks. Another person might be able to relieve you by agreeing to stay with the ill family member and providing you with a break. This kind of care is sometimes called "respite care."

When your loved one needs medically related home health care, Medicare, Medicaid, Veterans Health Administration benefits, and private insurance plans often pay for it. You can ask doctors and nurses for referrals to home health agencies. Caregivers also can ask doctors, nurses, and home health agencies for

training in carrying out complex medical tasks.

You might be able to get help from your state's Medicaid program. Most states provide some Medicaid coverage of care at home for people with low incomes or few assets. Community agencies often provide long-term services and supports that people can pay for privately. If your loved one is a Veteran, you may be able to get assistance from the Department of Veterans Affairs. If a seriously ill person has symptoms, such as pain, or side effects from medicines, palliative or comfort teams may be available. If the person is dying, hospice is an option.

When a family member has a serious illness, you can ask for help in understanding what it will take to meet the needs of your loved one. Help can come from health care providers, your local Area Agency on Aging, and support groups. These local groups often have caregiver training programs that can help you cope with your responsibilities.

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## OUR MISSION

Generations' mission is to offer older adults, individuals with disabilities and caregivers options for a better quality of life.

## WHAT WE OFFER

Generations works with community partners and contracted providers to offer services to our clients in Daviess, Dubois, Greene, Knox, Martin & Pike Counties. We offer:

- Aging and Disability Resource Center
- AngelWorx Volunteer Program
- Meals on Wheels
- Case Management
- Caregiver Services
- Care Transitions
- Generations Magazine
- Health & Wellness Programs
- Ombudsman Services
- Options Counseling
- At Home Pre-Admission Screening for nursing home placement
- Contracted providers allow us to offer transportation, adult day services and legal assistance.

## ADVERTISER INDEX:

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*Physical, Occupational and Speech Therapies are also available to ensure our long term care residents function at the highest level of independence possible. The setting is home-like, cheerful, soothing and secure.*

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- *Auguste's Cottage Memory Care*
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### **AREA LOCATIONS:**

#### **JASPER**

*Timbers of Jasper  
2909 Howard Dr.  
Jasper, IN 47546  
812.482.6161*

#### **OAKLAND CITY**

*Good Samaritan Home  
& Rehabilitative Center  
231 N. Jackson St.  
Oakland City, IN 47660  
812.749.4774*

#### **WASHINGTON**

*Eastgate Manor  
Nursing & Rehabilitation  
2119 E. National Hwy.  
Washington, IN 47501  
812.254.3301  
Prairie Village  
Nursing & Rehabilitation  
801 S. State Rd. 57  
Washington, IN 47501  
812.254.4516*



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