

COMMISSION on SOCIAL SERVICES

Town of Wilton

Minutes of May 9, 2013 Meeting

Attending: Roseann De Simone, David Graybill, Peg Koellmer, Judy Mabley, Cathy Pierce, Virginia Smith, Christine Tenore and Betty Jo Corridon

Absent: Judy Zucker

The meeting was called to order by Chairman Peg Koellmer at 5:31 PM

Motion to approve the minutes of the April meeting was made by R. De Simone- second by C. Tenore. The minutes were passed unanimously.

Commission Business:

Director's Report: Cathy Pierce reported that The Mental Health First Aid training program is presently under registered (6 registrants – in need of 12 for the program to be viable). She stated that there will be an article placed in the Bulletin, once again reminding community members of the programs availability. Consideration of out of Town participants is also being discussed.

Nomination of Chair of Commission on Social Services for 2013-2014 session- R. De Simone nominated Peg Koellmer. Call for discussion and vote. Vote was unanimously to approve.

Vice-Chair position opened at this time- P. Koellmer stated that anyone interested should contact her for more details regarding the responsibilities of the position.

End of Year dinner- P. Koellmer stated that she will be sending a sign up list to all Commissioners as to what they can bring to the dinner which will occur at our June 13th meeting. Discussion ensued in regard to the agenda and guest list for the dinner.

Mental Health Fair: B. Corridon commended Youth Services for coordinating a successful Mental Health Fair at Wilton High School held on April 21st. She especially commended junior student Isabelle Zyas for starting the LETS program at WHS which focuses on acceptance of students with Mental Health issues.

Liaison Reports:

Trackside: P. Koellmer reported that Trackside fundraiser on May 5th was a success. Participation was lower than last year. No final numbers were available at the time of the meeting .

DVCC: P. Koellmer stated that there was no meeting in April.

Public School Health and Guidance: R. De Simone reported that the school year is winding down and the stress level of students is on the rise. Administration and faculty are well aware and are addressing the concern.

Task Force to Reduce Substance Abuse Among Youth: R. De Simone stated that a pre-prom initiative was facilitated at the high school during an activity period. Junior and Senior students attended.

Richard Sanzo, Assistant principal at WHS, stated that the spring coaches meeting did not occur therefore he will be working with the new Athletic Director, Chris McDougal so as to facilitate a program for coaches and athletes addressing the use of illegal substances in the fall. He also hopes to have at least one coach representative on the committee.

Interfaith Council: C. Pierce stated that the funding is going extremely well which allows her department to assist community members in financial need. The committee in charge of fundraising will meet in June to determine as how to proceed in the future. The name of the Council has officially been changed to **Wilton Community Assistance Fund.**

Food Pantry: Cider Mill is having a food drive this week to assist the pantry.

Local Housing and Economic Report: P. Koellmer stated that the housing market is good at this time.

Stay at Home Wilton: J. Mabley stated that the Board of Selectmen once again endorsed the program. Currently there are 72 families enrolled. The goal of the program is to have an enrollment of 100 families participate. The organization fundraiser was well attended and the donations were generous

Youth Council: V. Smith stated that the Mental Health Fair was well attended (standing room only) and was a success. The need right now is for new volunteers to join the Council.

Wilton Commons: J. Mabley passed around an article in the Norwalk Hour and Wilton Bulletin highlighting the facilities at The Commons. Residents must be 62 and older. The accommodations are a good size and fully carpeted. The committee is now looking for funding in order to provide furniture for the common area on each floor. Second phase of the building program has been funded by the state. Opening Ceremonies/Reception- June 15th at 4PM

Low income-25% bracket – all rooms are filled

50%-60% bracket – there are rooms open and available

40% of the residents chosen by lotto number are from Wilton

Presentation- Elder Law and Estate Planning

Christine Tenore- Elder Law attorney and CSS Commissioner (Elivoson & Tenore Law Offices) presented an excellent and comprehensive overview of Elder Law. She discussed in dept the process from Medicare to Medicaid and reviewed strategies in regard to preservation of assets so as to protect our elderly population. She reviewed long term health options available in the community. She stated that it is imperative that this population be served by professional and knowledgeable individuals as to ensure the best possible long term planning tailored to the individual client.

Meeting was adjourned at 7:00 PM

Respectfully submitted,

Roseann De Simone, Co-secretary

MEDICAID

EFFECTIVE, JANUARY 2013

Medicaid (Title XIX) of the Social Security Act is a program designed to help people who are aged, blind and disabled or those receiving public assistance to pay medical expenses. Medicaid is funded by both the Federal and State governments. In Connecticut it is administered by DDS (Dept. of Social Services).

Medicaid differs from Medicare which is administered by the Social Security Administration. To qualify for Medicare, an individual need only reach retirement age or be disabled for 24 months or more.

Medicaid assistance for a nursing home level of care has no income requirements. An individual's income is "applied" to their cost of care, deducting \$60 a month for their personal needs.

- **Assets**

Exempt resources/Can retain w/o affecting eligibility:

1. Home - If expected to return within 6 months – (not to exceed \$802,000 in equity)
 - Community spouse
 - Minor or disabled child
 - Sibling with equity interest – at least 1 year residence
 - Child who provided 24+ months HHA care which prevented need for earlier institutionalization
2. Personal assets (cash, bank accounts, stocks, bonds)
 - not to exceed \$1,600 for individual/\$2400 for couple)
3. \$5,400 irrevocable funeral contracts/Unlimited Burial Agreements
4. Burial plot
5. One car- to max of \$4,800 in value if in nursing home & Med. necessary
6. Life insurance- \$1,500 face value or term
7. Community spouse's income.
8. For the "well spouse" "a/k/a Community Spouse", ½ of assets to a maximum of \$115,920
9. Essential household items
10. Personal effects
11. \$60 personal needs allowance/income for institutionalized spouse

A. How does it work for older people

Financial criteria, not age, determine eligibility.

At an average of \$11,000 to \$14,000 per month for nursing home care, an older person's funds are quickly "spent down". (State Divisor \$11,183)

B. Is it available for nursing home care?

Average stay at a nursing home for 6 or more years with dementia.

At an average cost of over \$156,000 (+/-) per year in Fairfield County, a resident quickly reaches poverty level required for coverage.

C. Is it available for nursing home level of care at home?

Under the Connecticut Home Care Program for the Elderly (CHCPE) an individual meeting specific cost of care criteria and income/asset criteria can receive Medicaid assistance for care at home.

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LINDA L. ELIOVSON, ESQ.
CHRISTINE M. TENORE, ESQ.

MEDICARE
Effective January 1, 2013

Part A:

Hospital Deductible	\$1,184.00
Hospital Co-Payment	
Days 61-90	\$ 296.00 per day
Days 91-150	\$ 592.00 per day
Skilled Nursing Home Co-Payment	
Days 1-20	\$ - 0 - per day
Days 21-100	\$ 148.00 per day
Premium – for Part A applicants who have not worked forty quarters or more, sufficient to qualify for Part A:	\$ 243.00 (+/-) per month
A lower amount applies for those who have worked more than 30 quarters but less than the required 40 quarters of work.	\$ 441.00 (+/-) per month

Part B:

Deductible	\$ 147.00 per year
Premium (Deducted from Social Security Income)	\$ 104.90 per month

2013 MEDICARE DEDUCTIBLE CO-INSURANCE & PREMIUM AMOUNTS

PART A:

Hospital

Deductible: \$1,184.00

Co-insurance:

Days 1-60: \$0

Days 61-90: \$296/day

Days 91-150: \$592/day

Skilled Nursing Facility

Co-insurance:

Days 1-20: \$0

Days 21-100: \$148.

Home Health

No co-insurance or deductible

Part A Premium (For voluntary enrollees *only*)

\$243/month

(If individual has 30-39 quarters of

Social Security coverage)

\$441/month

(If individual has 29 or fewer quarters of

Social Security Coverage)

PART B:

Deductible: \$147/year

Standard Premium: \$104.90/month

If individual income < \$85,000/yr.

If ind. income \$85,000 - \$107,000: \$146.90/mo.

\$107,000 - \$160,000: \$209.80/mo.

\$160,000 - \$214,000: \$272.70/mo.

\$214,000 or more: \$335.70/mo.

CENTER FOR MEDICARE ADVOCACY, INC.

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www.medicareadvocacy.org

CENTER FOR MEDICARE ADVOCACY, INC.

The Center for Medicare Advocacy, founded in 1986, is a national non-profit organization that works to ensure fair access to Medicare and quality health care. The Center is based in Connecticut and Washington, DC, with offices around the country.

Based on our work with real people, the Center advocates for policies and systemic change that will benefit all those in need of health care coverage and services.

Staffed by attorneys, legal assistants, nurses, and information management experts, the organization represents thousands of individuals in appeals of Medicare denials. The work of the Center also includes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State health insurance program (SHIP).

Only through advocacy and education can older people and people with disabilities be assured that Medicare and health care are provided fairly:

- We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

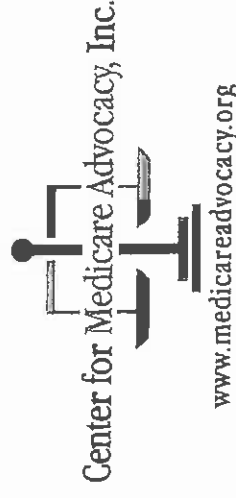
The Center for Medicare Advocacy is the most experienced organization for Medicare beneficiaries and their families.

Visit our websites:

www.medicareadvocacy.org

www.cmahealthpolicy.com

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MEDICARE SUMMARY 2013

Se habla español

Produced under a grant from the
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in conjunction with the CHOICES Program

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OVERVIEW

Medicare is modeled after private health insurance. It covers some of the cost of some health care. Generally coverage is available for the cost of health care (except for hospice care and specific preventive services) *only* when the services are medically reasonable and necessary for treatment or diagnosis of illness or injury.

ELIGIBILITY AND ENROLLMENT

Individuals who are 65 years old and eligible for Social Security or Railroad Retirement benefits are automatically eligible for Medicare Part A and may choose to enroll in Part B. Disabled individuals who have received Social Security Disability benefits for 24 months are also eligible for Medicare. People with ESRD and ALS may be eligible without waiting 24 months. Individuals can enroll and get information at their local Social Security office.

TRADITIONAL MEDICARE

Medicare has been in existence since 1965. Coverage is divided between two parts of Medicare, Part A and Part B. Most beneficiaries are in the traditional program. These beneficiaries can get their health care from any provider who is certified by Medicare. The traditional program generally does not cover prescription drugs. Beneficiaries are responsible for some premiums, deductibles, and co-payments. Medicare Part D provides coverage for prescription drugs through private plans.

HELP WITH MEDICARE CO-PAYS & OTHER EXPENSES

Beneficiaries with *limited incomes* may be eligible for help from federal and/or state programs to cover some or all of Medicare's required co-payments and to help with prescription drug costs.

In addition, Medigap health insurance *can be purchased* to cover some of Medicare's co-insurances and deductibles.

MEDICARE ADVANTAGE

Medicare beneficiaries have the option to receive their Medicare benefits through private health insurance plans. These private insurance options are authorized by Medicare Part C, which is also called Medicare Advantage (MA).

MA plans generally require patients to obtain services only from certain providers; in return the plans may offer reduced premiums, deductibles and coinsurance payments, and/or additional benefits not offered in traditional Medicare. Many MA plans also include Part D prescription drug coverage.

MA plans sign contracts with the Medicare agency annually. An MA plan may elect not to renew its contract with Medicare at the end of the contract year for any reason. MA plans can also change benefits, premiums, copays and their health care provider network each year.

Use caution before choosing a Medicare Advantage plan. Be sure your doctors and other health care providers are in the plan

MEDICARE APPEALS

Medicare is a complicated program. Coverage is often denied when it should be granted. If the individual's physician orders medically necessary care that is coverable, but is denied by Medicare, it is wise to seek help with an appeal. Medicare denials can be appealed whether the beneficiary is in traditional Medicare or a Medicare Advantage plan. Appeals are often successful.

PRESCRIPTION DRUG COVERAGE

Medicare provides help paying for prescription drugs under the Medicare Part D program. Part D helps pay for certain drugs through a variety of private plans. People with Medicare are eligible to enroll in a Part D plan but usually have to take steps in order to do so.

MEDICARE COVERAGE

PART A

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Home Health Care
- Hospice Care

PART B

- Physician Services
- Home Health Care
- Outpatient Services and Therapy
- Durable Medical Equipment
- Prosthetic Devices
- Ambulance Services
- Certain Preventive Services:
 - One physical exam when 1st enrolled in Part B
 - Flu, Pneumococcal, Hepatitis B vaccines
 - Annual Mammograms
 - Some pap smears and pelvic exams
 - Colorectal Screening
 - Diabetes Self-Management Training /Tests
 - Bone Mass Measurements
 - Prostate Cancer Screening
 - Some Glaucoma Screening
 - Some Medical Nutrition Therapy Services
 - Some cardiovascular tests

PART C

- A system of various private plans that deliver Medicare benefits. Also known as *Medicare Advantage*.

PART D

- Help paying for certain prescription drugs, provided by private plans.

Estate and Medicaid planning for ourselves and for our family members is essential. The consequences of inadequate planning can be devastating to individuals and their families.

Ask yourself these three vital questions:

- At what age should planning start for my senior years, or for my parents' senior years?
- Who will pay for possible long-term care?
- Is all I've worked for in my lifetime protected under current laws?

Attorneys Lyn Elovson and Christine Tenore and their excellent team of paralegals and support personnel, will help you answer these and many other questions that may be critical to you or your loved one's future, and assist you in the following areas:

- Paying for Long Term Care
- Medicare
- Medicaid
- Long Term Care Insurance
- Your or Your Family's Asset Protection
- Spousal Asset Protection
- Durable Powers of Attorney
- Living Wills
- Conservatorships
- Estate Planning
- Trusts
- Probate

Is your attorney an elder law attorney?

Rather than being defined by technical legal distinctions, elder law is defined by the individual client's needs.

The lawyer who practices elder law may handle a range of issues, but serves the interests of special clients—seniors, their families and those planning for their senior years.

Seldom do these issues come up in a person's life in isolation. Yet the traditional boundaries of legal specialties have often forced seniors and their families to go to attorneys whose practice is limited to one or two of these areas.

Elder law attorneys work in a variety of legal areas, and employ a variety of legal tools and techniques to meet their clients' goals and objectives.

Whether working with clients on Elder Law or Estate Planning, Tax Planning and Administration, the firm offers unique skills to explain complicated issues clearly and in plain terms.

Under this holistic approach, Attorneys Lyn Elovson and Christine Tenore attend to traditional estate planning and trust issues, and counsel clients about planning for long-term care, about alternative decision-making documents and about Advanced Directives. They assist their clients in planning for possible long-term care needs, including such alternatives as: assisted living and continuing-care retirement communities, as well as nursing home care. Locating the appropriate type of care, coordinating private and public resources to finance the cost of care, and working to ensure the client's right to quality care are all part of their comprehensive and caring elder law practice.

ESTATE PLANNING AND ADMINISTRATION ISSUES INCLUDE:

- Planning to Reduce Estate Taxes
- The Use of Irrevocable Trusts
- The Use of Gifts in Tax Planning

- The Utilization of Revocable Trusts to Ensure Equitable Distribution to Your Heirs, and to Avoid Lengthy Probate Issues
- Probate of Wills and Estate Administration

Meet Our Attorneys

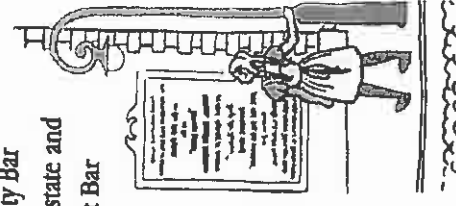
Attorney Lyn Elovson is an acclaimed professional in elder law, estate planning, trusts & conservatorships. She is recognized for the skill, sensitivity and caring with which she has helped hundreds of families and individuals who faced the legal and emotional complexities of regulatory financial change – many of whom had seemingly impossible difficulties to overcome.

She has been named by Connecticut Magazine - Super Lawyers as one of the top attorneys in Connecticut. She is an active Member of the National Academy of Elder Law Attorneys (NAELA); the Connecticut Bar Association's Elder Law and Estate and Probate Sections, Connecticut NAELA, Connecticut Geriatric Medical Society, Fairfield/Bridgeport Regional Bars' Elder Law, and Estate/Trust Sections and the Connecticut Coalition for the Prevention of Elder Abuse (CAPE).

Attorney Tenore shares the same commitment and dedication to meeting the legal needs of clients. She joined the firm in 2000 and embraces the firm's holistic philosophy.

Christine is a member of the National Academy of Elder Law Attorneys (NAELA), the Connecticut Chapter of NAELA, the Fairfield County Bar Association, and the Elder Law and Estate and Probate Sections of the Connecticut Bar Association. She is also a member of the Greater Bridgeport Elderly Services Commission and CAPE.

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Clients receive added benefits from the support of expert associates from a network of complementary professionals in the private sector and in key state agencies,



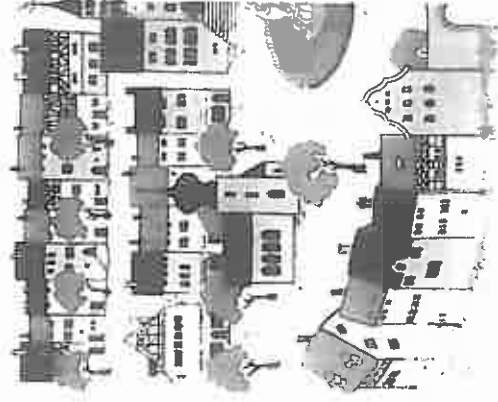
*Federal and State
laws are constantly
changing.*

*What can you do
to protect your
future, and
the future
of those
you love*



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*What you
should know
about
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