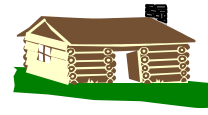


Chester County Department of Aging Services



No place like home?



Volume 4, Issue 1

January 2012

Director's Corner

Wanda Stonebraker

Director, Chester County Department of Aging Services

Can you believe it is January 2012? May the new year bring you what you need, what you want and keep you safe and healthy. I think that is all any of us can ask.

I was going to talk about my grandchildren and can't resist just a quick blurb about them. We spent 4 days with the kids and grands over Thanksgiving and as a bonus, a quick weekend in early December with all of them again. I have lots of pictures to help keep me warm and happy as I start 2012.

Now, enough on the grands and back to work. Most of you probably do not know that each Area Agency on Aging completes a 4 year plan and July 01, 2012 will be the beginning of the new plan. In order to help develop our plan we complete a needs assessment for Chester County, as it pertains to our senior residents. I am asking for your assistance with our needs assessment. I have scheduled 8 public meetings throughout the County;

(See Directors Corner, page 2)

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Chester County Commissioners
Terence Farrell
Kathi Cozzone
Ryan A. Costello

Four Year
Plan
2012-16

Department of Aging Services *Four Year Plan*

The Chester County Department of Aging Services is required by the Pennsylvania Department of Aging to develop a Four-Year Area Plan on Aging that establishes a blueprint for providing services to the elder population of Chester County. The next plan will cover the period July 1, 2012 to June 30, 2016. The information from this plan, and the plans of the other 51 Area Agencies on Aging in the State, are also used by the PA Department of Aging to formulate the State Plan on Aging.

The specific objectives of the Area Plan for the Chester County Department of Aging services include:

- Educating the public, service providers, and local officials of the current status of services,
- Fulfilling Pennsylvania Act 70 and the federal Older Americans Act requirements,
- Guiding local initiatives, decision making and budget development,
- Communicating the needs of senior citizens in Chester County with the PA Department of Aging, and
- Coordinating local services with those provided by other agencies.

At this point in the process, the Agency is seeking information on the status of the services currently available to seniors. To do this, Public Meetings have been scheduled throughout the County to get direct input from the population being served. The schedule is:

- Oxford Area Senior Center:** January 17th
- Downingtown Area Senior Center:** January 18th
- Surrey Services:** January 19th
- Westminster Senior Living, Parkesburg:** January 19th
- Coatesville Area Senior Center:** January 25th
- Phoenixville Area Senior Center:** January 25th
- West Chester Area Senior Center:** February 1st
- Kennett Area Senior Center:** February 1st

All times are 9:00 to 11:00 and a continental breakfast will be provided at each meeting.

This is your opportunity to influence the decisions that may affect the services available to you or loved ones in the future. ■

(Director's Corner continued from page 1)

seven are scheduled in January and one in February. You will find the dates, locations and times in this newsletter, advertised in the newspaper and on our Aging website. We are also providing some breakfast food as an incentive to attend. Aging staff will be facilitating the meetings, along with volunteers from our Advisory Council.

I need you to attend one of these meetings. Your input is critical to this process and a successful plan. I want to be strategic in our thinking and how we do business. I want to hear what you have to say as it pertains to our senior population. I want you to think about what their needs are now and what you anticipate they may need in the not too distant future. I want you to think about the services we offer now and additional services you believe may be needed. Remember, we are expecting a large increase in the senior population, thanks to us baby boomers. Your thoughts and experience will help us develop a plan which will have the best chance of ensuring our seniors can remain in their communities, if they choose to do so, and live their lives with dignity and respect.

Five hundred seniors in the County have been randomly selected to receive a survey about our services. If you are one of those seniors, please complete and return it. A self addressed stamped envelope will be provided for your convenience. I would love to have you attend a meeting even if you receive and complete a survey. If you cannot come to one of the meetings and you do not receive a survey, please feel free to call or email me with your thoughts for the plan.

Our plan is due to the Pennsylvania Department of Aging by April 1st so I will be able to provide you with an update in our next newsletter. I will also have updates posted on our web page as well as the draft plan when it is completed.

I welcome any comments or suggestions you may have about our newsletter. You can email me at

wstonebraker@chesco.org ■

Are You a Victim of Elder Abuse??

- Are you 60 years of age or older?
- Do you reside in Chester County?
- Are you dependent on others to provide care?
- Are you incapacitated?
- Are you at imminent risk of neglect or physical, financial or sexual abuse?

If you answered yes to all of these questions you can contact the Chester County Department of Aging for help!

PA Elder Abuse Hotline 1-800-564-7000



Flu: Recommendations for the Home

Influenza ("the flu") is a sudden, respiratory disease that spreads easily. It is characterized by the sudden onset of fever, body aches, sore throat, headache and cough, and, in children, can also cause diarrhea and vomiting

- Any family member suspected of having the flu should not attend work, school or daycare. Ill family members should be encouraged to rest and drink plenty of fluids.
- Wash hands frequently by using soap and warm water for 15-20 seconds (this is generally around the time it takes to sing the ABC's). Dry hands with a disposable towel if possible. Towels should be changed frequently. Young children should be instructed and assisted to make sure they wash their hands properly. Bathrooms should be checked regularly to ensure that soap and towels are available for your family's use.
- Flu can be spread by coughs or sneezes. Family members should cover their mouths when coughing and use a disposable tissue when sneezing or blowing their noses. Tissues should be thrown away immediately, and then hands should be washed. (If you cannot wash hands, rub hands with an alcohol hand gel). Make sure tissues are available in the home and cars for runny noses and sneezing.
- Encourage all members of your household, especially those with medical conditions and children between 6 and 59 months of age, to get a flu shot. It is never too late to be vaccinated.
- Spread of the flu in homes is likely. Families should avoid sharing of saliva by not sharing glasses, forks, spoons, toothbrushes, etc.
- Clean surfaces, such as door handles, handrails, kitchen table, etc., frequently with a household disinfectant or bleach solution. (Mixing ¼ cup bleach with 1 gallon of water makes a bleach solution). If disinfectant is not available hot water and soap can be used.
- When caring for a family member who is ill, hands should be washed immediately after helping them.
- If family members get the flu, especially if they are elderly or have other medical problems, you may wish to contact their physicians immediately. Their doctors may give antiviral drugs, which may decrease the spread and severity of the diseases. However, taking these drugs does not mean you do not need to get the flu shot. ■

Source: PA Department of Health

2012 Medicare Part B Premiums Lower Than Projected

The U.S. Department of Health and Human Services (HHS) announced that Medicare Part B premiums in 2012 will be lower than previously projected and the Part B deductible will decrease by \$22. While the Medicare Trustees predicted monthly premiums would be \$106.60, premiums will instead be \$99.90. Earlier this year, HHS announced that average Medicare Advantage premiums would decrease by four percent and premiums paid for Medicare's prescription drug plans would remain virtually unchanged.

Thanks to the Affordable Care Act, people with Medicare also receive free preventive services and a 50 percent discount on covered prescription drugs when they enter the prescription drug "donut hole." This year, 1.8 million people with Medicare have received cheaper prescription drugs, while nearly 20.5 million Medicare beneficiaries have received a free Annual Wellness Visit or other free preventive services like cancer screenings.

"The Affordable Care Act is helping to keep Medicare strong and affordable," said HHS Secretary Kathleen Sebelius. "People with Medicare are seeing higher quality benefits, better health care choices, and lower costs. Health reform is also strengthening the Medicare Hospital Insurance Trust Fund and cracking down on Medicare fraud."

Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. In 2012, the "standard" Medicare Part B premium will be \$99.90. This is a \$15.50 decrease over the standard 2011 premium of \$115.40 paid by new enrollees and higher income Medicare beneficiaries and by Medicaid on behalf of low-income enrollees.

The majority of people with Medicare have paid \$96.40 per month for Part B since 2008, due to a law that freezes Part B premiums in years where beneficiaries do not receive cost-of-living (COLA) increases in their Social Security checks. In 2012, these people with Medicare will pay the standard Part B premium of \$99.90, amounting to a monthly change of \$3.50 for most people with Medicare. This increase will be offset for almost all seniors and people with disabilities by the additional income they will receive thanks to the Social Security cost-of-living adjustment (COLA). For example, the average COLA for retired workers will be about \$43 a month, which is substantially greater than the \$3.50 premium increase for affected beneficiaries. Additionally, the Medicare Part B deductible will be \$140, a decrease of \$22 from 2011. ■

Source: www.hhs.gov



Federal Benefit Recipients Urged to Winterize Their Money!

All federal benefit check recipients are required by the U.S. Department of the Treasury to switch to electronic payments by March 1, 2013. However, these federal benefit recipients are urged to switch now instead of waiting for the deadline.

The winter months are the perfect time to highlight the reliability and convenience of electronic payments. Ice, snow and subzero temperatures can leave people trapped in their homes and halt important services like mail delivery. When this happens, people who rely on paper federal benefit checks can be left without access to their money at a time when they need it most.

Last winter was a record-setter for many parts of the Northeast. Accuweather.com predicts above normal winter precipitation for most of the Northeast during January and February 2012. It's important to help federal benefit check recipients take action to protect their money now before a winter storm hits.

Urge People to Winterize Their Money Today

By encouraging people to switch to electronic payments, you will help ensure that they get their money on time no matter what winter brings. With electronic payments, money is there on payment day. Plus, there's no need for people to leave home to cash or deposit a check. There are two payment options recommended by the Treasury Department:

- **Direct deposit.** People with a bank or credit union account can sign up to receive their money through **direct deposit**. Their money will go straight into their checking or savings account on payment day each month and be accessible from virtually anywhere.
- **Direct Express®** Debit MasterCard® card. This prepaid debit card provides another reliable, low-cost alternative to paper checks. Money is posted to the card account on payment day each month. Cardholders can make purchases, pay bills and get cash anywhere Debit MasterCard® is accepted. For information on card fees and features, visit www.GoDirect.org. No bank account or credit check is required.

To make the switch to **direct deposit** or the **Direct Express®** card, current federal benefit check recipients can contact their federal benefit agency office, visit the Treasury Department's **Go Direct®** campaign website at www.GoDirect.org, or call the U.S. Treasury Electronic Payment Solution Center at (800) 333-1795. For **direct deposit**, people can also make the switch at their local bank or credit union. ■

Source: US Department of the Treasury

PEER Graduates Announced!

By Donna Eaves, Ombudsman

The Chester County Department of Aging Services Ombudsman Program recently conducted PEER training sessions at Chester Valley Rehabilitation and Nursing Center, 283 E. Lancaster Avenue, in Malvern.

PEER stands for Pennsylvania's Empowered Expert Residents! The PEER Project is a concept to train resident advocates to work from the inside with facility staff and residents to enhance quality of care and quality of life for their "peers". The project was initiated by the Pennsylvania State Ombudsman Office to work with long term care residents who have volunteered their time and expertise to self-advocate issues that will resonate with their peers. The PEER Project encourages a partnership between residents and facility staff to work together to solve concerns and enhance the quality of life for all residents.

PEER Project participants attended five two-hour training sessions, which included titles such as "The Focus is on YOU" and "Building Self Resolution Skills". There was also a two-hour session for staff of the facility to orient them to the PEER concept.

Following the completion of the training sessions, a Graduation Ceremony and luncheon was held at Chester Valley Rehab and Nursing Center to celebrate the accomplishment of completing PEER. The State Long Term Care Ombudsman Program Division Chief, Robert McNamara, was in attendance to congratulate the graduates. Participants were awarded a Certificate, a Door Sign and a Badge. The Chester Valley PEERs become part of a group which now consists of over 1,000 PEERs from long term care facilities all over Pennsylvania, and they join a group of five other PEERs at Chester Valley who graduated last summer.



PEER graduates from left to right seated are: Eva Moebis, Evonne Wagenheim and Beth Kressly. ■



Thank You!!

Elizabeth D'Angelo
APPRISE Coordinator

A special thank you is in order for our APPRISE counselors for the excellent work they did helping Medicare beneficiaries make educated choices during this year's annual enrollment period for Medicare advantage plans (HMOs, PFFS and MSAs) and Prescription drug plans (stand-alone drug plans). Many enrollment events were held at various locations around the county between the October 15th and December 7th enrollment period. This is in addition to the many individuals with whom the counselors met during the year to answer questions on Medicare coverage and plans.

These special people include:

Donald Anderson
Janet Bernhard
Ed Blankenhagen
Carmen Cruz
Paul Gausch
Joan Goshow
Liz Hasson
Sally Hock
Ellen McCabe
Steve Small
Anna Verduci

Sally Arter
Diane Berquist
Sue Clark
Peggy Elsfari
Carol Goldberg
Susan Hall
Selma Hayman
Rick Hynes
Dottie Miller
Ted Pawlik

APPRISE is a free health insurance counseling program designed to help older Pennsylvanians with Medicare. Counselors are specially trained volunteers who can answer your questions about Medicare and provide you with objective, easy-to-understand information about Medicare, Medicare Supplemental Insurance, Medicaid, and Long-Term Care Insurance.

If you have any questions at any time on medical coverage, prescription drug plans or the application process, contact the Chester County Department of Aging **APPRISE HOT LINE at 610-344-5004**.

Volunteer Opportunities

The Ombudsman and Apprise programs highlighted here both rely heavily on volunteers to meet the growing needs of the senior community.

These are just two of the many such volunteer opportunities in the county. To find the right match for your interests, skills, and schedule, regardless of age, please contact the Chester County Department of Aging Services at 610-344-6350, your nearest Senior Center, or Family Service of Chester County at 610-696-4900. ■

National Institute on Aging Re-Defining 'Oldest' Americans

According to a report from the U.S. Census Bureau, commissioned by the National Institute on Aging (NIA) in 1980, there were 720,000 people aged 90 and older in the United States. In 2010, there were 1.9 million people aged 90 and older; and, by 2050, the ranks of people 90 and older may reach 9 million!

“Because of increasing numbers of older people and increases in life expectancy at older ages, the oldest segments of the older population are growing the fastest,” said Richard Suzman, Ph.D., director of NIA’s Division of Behavioral and Social Research, which supported the report.

“Previous seminal work on demography designated age 85 as the cutoff for what we termed the oldest-old,” Suzman added. “With a rapidly growing percentage of the older population projected to be 90 and above in 2050, this report provides data for the consideration of moving that yardstick up to 90. Can 90 be the new 85?”

Based on the American Community Survey a majority of the 90-plus population are widowed white women who live alone or in a nursing home. Social Security provides almost half of their personal income, and almost all of them have health insurance coverage through Medicare and/or Medicaid. The vast majority say they have one or more types of disability.

The report also says:

- An average person who has lived to 90 years of age has a life expectancy today of 4.6 more years (versus 3.2 years in 1929–1931), while those who pass the century mark are projected to live another 2.3 years.
- The majority (84.7 percent) of those 90 years and older reported having one or more limitations in physical function.
- An older person’s likelihood of living in a nursing home increases sharply with age. Only 1 percent of the ‘young elderly’ (aged 65–69) live in a nursing home. This rises to 3% for ages 75–79, 11.2% for ages 85–89, 19.8% at ages 90–94, 31.0% at ages 95–99 and up to 38.2% percent among centenarians.
- Women aged 90 years and older outnumber men nearly 3 to 1; 74.1 percent of the total population aged 90 and older in 2006–2008 were women.
- Whites represent 88.1 percent of the total 90-and-older population. Blacks make up 7.6 percent, Hispanics 4 percent and Asians 2.2 percent.
- The annual median income for people 90 and older was \$14,760. Men had a higher income than women: \$20,133 vs. \$13,580. Social Security represents 47.9 percent of total personal income.



PA Data Center Identifies Trends in 2010 Census

Recently, the Pennsylvania State Data Center gave a presentation to the PA House Aging & Older Adult Services Committee on current demographic findings from the 2010 U.S. Census, looking at population trends for Pennsylvania. Some interesting facts:

- **PA’s population grew 3.4% from 2000-2010**, increasing the population to 12,702,379 people.
- Based on greater population growth in other states; however, **PA will lose one Congressional seat in the U.S. House of Representatives** – we now have 18 seats.
- Growth continues to be concentrated in the east and south central regions of the state – Forest County & Pike County had the highest percentage increase, while **Chester County had the highest numeric population increase**.
- Racial and ethnic minorities, particularly the Hispanic population has increased to make up 18.1% of the state’s total population.
- People age 65 and over comprise 15.4% of PA’s total population – making **PA the 4th “oldest” state in the U.S.** (behind Florida, West Virginia, and Maine, respectively).
- People ages 60-64 constitute the “leading edge” of the Baby Boomers, and comprise over a quarter of the aging population.
- **The number of people in nursing facilities declined 23.1% since 2000.**
- People age 65 and older have a significantly lower median income (\$30,708 compared to \$50,398 for the general population), but they also have a lower instance of poverty (8.6% of Pennsylvanians 65 and older are in poverty).

The Pennsylvania State Data Center serves as Pennsylvania’s official source of population and economic statistics. It was established in 1981 by executive order of the governor. It is housed within the Institute of State and Regional Affairs at Penn State Harrisburg. For more information go to pasdc.hbg.psu.edu

The National Institutes of Health (NIH) is the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov. ■



Winter and Seniors!

While the weather outside is frightful, there are a number of steps seniors can take - from nutrition and home safety to clothing and exercise - to ensure a safe and healthy winter season. Experts at Hebrew SeniorLife offer tips on how seniors can survive the winter.

Exercise and Fitness

Many Americans reduce their physical activity during the winter months because of frigid temperatures and snow or icy conditions outdoors. But, says Evelyn O'Neill, manager of fitness at Hebrew Rehabilitation Center and coordinator of its "Get Up & Go" senior fitness program, that's no reason to stop exercising. She says there are numerous options for seniors to keep in shape, many of them without having to leave home. Seniors can do flexibility, balancing and strength exercises in their kitchen or bedroom. These include circling the arms slowly to stretch the upper body; toe raises standing at a kitchen counter; and balancing on one leg at a time.

In addition, she says seniors can join mall walking clubs or, if they live in an apartment building, walk the hallways and staircases. "You should feel a moderate sense of effort with these exercises," says Ms. O'Neill. "By doing them for just 30 minutes a day, you can help to maintain your strength and balance."

Snow Shoveling

The easiest option is to hire someone to do this work. If this is not an option, seniors should go slow, lift small amounts of snow, and take frequent breaks. A sturdy, lightweight shovel can be used to push rather than lift snow. Seniors in poor health or with a heart condition should not shovel snow.

Winter Nutrition

Unlike in warmer months, when fresh local produce is abundant, seniors often have a difficult time maintaining a healthful diet. Susan Hartery, a dietitian at Hebrew Rehabilitation Center, says a multivitamin can help ensure that seniors get the recommended daily allowance of most vitamins and minerals. Extra vitamin D is also essential because of limited outdoor activity (the body synthesizes vitamin D from sunlight); she recommends taking a daily vitamin D supplement.

Because winter weather is so unpredictable, she recommends that seniors keep extra food on hand in the freezer, as well as bottled or canned fruit juices and non-fat dry milk powder, in case of emergencies when they are unable to venture out to the store.

"If their living situation allows," she adds, "seniors may want to think about getting together with neighbors for

potluck dinners on a regular basis during the winter. This could help add variety to their diet, not to mention the social benefits.

Proper Clothing

Whenever going out in the winter months, seniors should remember to cover as much skin as possible. Layers of lightweight clothing allow for easy movement, as well as reducing layers as temperatures rise. Mittens, which keep hands warmer than gloves; hats, which prevent heat from escaping from your head; and scarves, which cover skin unprotected by collars, are all necessary cold-weather gear.

"Hypothermia and frostbite," says Dr. Schreiber, "are real concerns for seniors, whose bodies aren't as resilient to the elements as they used to be. Proper clothing for winter conditions are essential to keeping seniors safe and warm."

Hearth and Home

John Bougas, director of Engineering at Hebrew Rehabilitation Center, says that as seniors prepare themselves for winter, they need to get their homes ready, as well. He says they should ensure that their home is insulated properly and that windows are caulked to prevent drafts. They should also test smoke and carbon monoxide detectors to ensure they are working properly. Thermostats should be set to 68 degrees to prevent hypothermia and to keep pipes from freezing. He cautions against using electric space heaters, which the National Fire Protection Association says are the leading cause of home fires from December to February.

"It's also a good idea to keep a supply of fresh batteries, extra flashlights and a battery-operated radio available," Mr. Bougas says, "in case of power outages during storms or extreme weather."

Emergency Preparedness

Inevitably, winter will bring snowstorms that will close schools, strand motorists and maroon people in their homes. Dr. Schreiber says seniors need to plan in advance for such emergencies. By following weather forecasts on the radio or TV or in the newspaper, seniors can gauge when a storm will arrive and how much snow it will drop. Armed with this information, they can plan for adequate food and medical supplies. He says seniors should keep at least a three-day supply of non-perishable food and water and at least a seven-day supply of prescription medications. If possible, they should have a programmable phone with emergency numbers entered for fire, police, ambulance, doctor, family members and neighbors.

"If extreme weather is forecast," Dr. Schreiber says, "seniors should ask friends or neighbors to check on them daily to help ensure their good health and safety." ■

Source: **Hebrew SeniorLife** is the largest provider of elder care in the Boston metropolitan area and an affiliate of Harvard Medical School.



System of Care Update

Chester County visualizes a unified system of care that maximizes all resources around an individual or family. This system of care includes child and adult serving agencies and community partners that join with an individual or family to meet their goals.

System of Care and Nursing Home Transitions

Bridget Glaeser
Aging Care Manager II

As the Nursing Home Transition (NHT) Care Manager for the Chester County Department of Aging, I use System of Care to help my consumers make a successful transition from a nursing home back into the community. The most important goal of the Nursing Home Transition program is for the consumer to remain in the community with services and support. To that end, often the consumers who are a part of the NHT program require assistance and services not just with the Department of Aging, but with other agencies within the Chester County Department of Human Services. Meeting with other agencies to discuss and create a care plan for the consumer prior to discharge ensures that the consumer will remain in the community and will have the tools that are needed to reach their long term goals.

When meeting with a consumer to determine if they can transition back into the community, I review their medical records and speak with both the nursing staff and social worker at the nursing facility to determine their current physical and mental health status. If the consumer has utilized services from local agencies in the past, or if the consumer would benefit from services upon transition, I will work with these other agencies and the consumer to determine the best care plan for that consumer. This could be mental health services, assistance with drug and alcohol issues, or intellectual disabilities. I meet with these agencies, review the consumer's current health status and discuss services. We then work together with the consumer to create a care plan to ensure the consumer remains in the community after discharge from a nursing facility.

For example, I have a consumer that will require assistance with mental health services when returning to the community. I worked with the Mental Health team to review the consumer's medical information and, along with the consumer, developed a care plan that will be put in place when the consumer is discharged.



LIHEAP is Now Open!

Kelly Miehl,
Supervisor, Information and Assistance

LIHEAP (Low-Income Home Energy Assistance Program) is a grant program available to eligible individuals and families through the Department of Public Welfare. LIHEAP provides cash grants to pay for heating bills as well as crisis grants which can provide assistance with heating costs as well as equipment repair.

Applicants must meet financial eligibility guidelines, provide proof of financial information, and be able to submit a recent heating bill. Applications are available at the County Assistance office, 1000 James Buchanan Drive, Thorndale, PA. Interested individuals can contact the County Assistance Office at 610-466-1000 for an application, or complete the online application at <https://www.humanservices.state.pa.us/compass>.

INCOME GUIDELINES 2011 - 2012 LIHEAP (For Homeowners and Renters):

Household Size	Household Income
1	\$ 16,335
2	\$ 22,065
3	\$ 27,795
4	\$ 33,525
5	\$ 39,255
6	\$ 44,985
7	\$ 50,715
8	\$ 56,445
9	\$ 62,175
10	\$ 67,905

The Mental Health team put me in touch with agencies that the consumer can utilize to ensure the same level of care is received in the community as that received in the nursing facility.

When our consumers require assistance from several agencies to ensure safe and successful long-term care plans it is important to remember that, while leading these discussions may take time, in the end our consumers are the ones who benefit from this work. Their continued success in the community benefits all of us. ■



Governor Signs 'Pennsylvania Caregiver Support Act'

On December 22, 2011, Governor Tom Corbett signed HB 210, the **Pennsylvania Caregiver Support Act**. This bill amends the previous Family Caregiver Support Act.

The PA Department of Aging and the Area Agencies on Aging administer the state and federal Family Caregiver Support Programs. These programs provide support and services for primary caregivers of functionally dependent older adults or adults with chronic dementia. **This latest legislation brings the state program in line with the federal program.** Specifically, it now allows eligible caregivers to include someone who is a primary caregiver, but is **not** a relative or does **not** reside in the same home as the care receiver, and creates uniformity in the reimbursement levels.

This Act highlights the fact that we live in an increasingly mobile age, and that primary caregivers are no longer only those family members caring for a loved one at home. Today primary caregivers include the daughter or nephew who lives across town but cares for their family member regularly. It can also include the caring neighbor or friend who lives down the street and takes on the primary responsibility of caregiving. This legislation recognizes the valuable contributions of all types of caregivers, and offers important support to reduce their stress, enhance their capacity to give care, and reimburse for approved out-of-pocket expenses. It also allows people to continue to be cared for in their own homes by someone who they trust and can potentially prevent or delay the use of more costly Medicaid services or institutional care. This Act is a "win" for primary caregivers, for the older adults and persons with chronic dementia who they care for, and for the Commonwealth of Pennsylvania. ■

Source: PDA Legislative Update 12/22/2011

For more information on the services provided under the State and Federal Caregiver Support Programs as well as eligibility requirements for each, please contact the Chester County Department of Aging Services at 610-344-6350

There's always a lot to be thankful for if you take time to look for it. For example, I am sitting here thinking how nice it is that wrinkles don't hurt.

-- Author Unknown



ROVER NEWS!

The ROVER website has been revised and updated for your convenience. Please visit them at www.riderover.com.

New to the site is the opportunity to download the senior registration form, the Persons with Disabilities (PWD) program packet and Medical Assistance Transportation Program information.

Also new is the ability for you to schedule your own ride using the website, as long as it is for travel within Chester County and made more than *two business days in advance of the trip(s)*.

Rover will continue to take phone calls from 7AM until 11AM for next-day rides. However, many passengers wait until after 10:30AM to place their call. This can create an eleventh hour "mad rush". There are typically about 200 next-day rides to be scheduled. In order to serve you better, it is suggested that you either call two or more days prior the day of your trip or, if you call the day before your trip, call prior to 10:30AM.

There are three phone numbers for your convenience: 610-594-3911, 484-696-3854 or 877-873-8415.

To provide feedback call Rover at 610-594-3911 or email them at bkraidman@krapfbus.com. ■

Source: Rover Community Transportation

Got Questions?? Contact us!!!

Information and Assistance services are always free of charge and available to all interested persons.

Call: 610-344-6350

Toll-free: 1-800-692-1100 extension 6350

TTY #: 610-344-5233 (Text Telephone)

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P.O. Box 2747
West Chester, PA 19380-0990

Send us an e-mail inquiry:

ccaging@chesco.org

or visit our website

<http://www.chesco.org/aging>