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Beware of Hotline Scam !

from the U.S. Department of Health & Human Services

The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) recently confirmed that the HHS OIG Hotline telephone number is being used as part of a telephone spoofing scam targeting individuals throughout the country.



These scammers represent themselves as HHS OIG Hotline employees and can alter the appearance of the caller ID to make it seem as if the call is coming from the HHS OIG Hotline 1-800-HHS-TIPS (1-800-447-8477). The perpetrator may use various tactics to obtain or verify the victim's personal information, which can then be used to steal money from an individual's bank account or for other fraudulent activity. HHS OIG takes this matter seriously. We are actively investigating this matter and intend to have the perpetrators prosecuted.

It is important to know that HHS OIG will not use the HHS OIG Hotline telephone number to make outgoing calls and individuals should not answer calls from 1-800-HHS-TIPS (1-800-447-8477). We encourage the public to remain vigilant, protect their personal information, and guard against providing personal information during calls that purport to be from the HHS OIG Hotline telephone number.

We also remind the public that it is still safe to call into the HHS OIG Hotline to report fraud. We particularly encourage those who believe they may have been a victim of the telephone spoofing scam to report that information to us through the HHS OIG Hotline 1-800-HHS-TIPS (1-800-447-8477) or spooft@oig.hhs.gov. Individuals may also file a complaint with the Federal Trade Commission 1-877-FTC-HELP (1-877-382-4357). More information is available on the OIG Consumer Alerts webpage.



CMAAA

The Central Missouri Area Agency on Aging (CMAAA) is a private, not-for-profit Area Agency on Aging serving 19 counties in Mid-Missouri: Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski and Washington.

Our Mission

CMAAA recognizes the individual capabilities and needs of each older person. Therefore, CMAAA's mission is to assist communities in establishing a full range of services, which allow older persons to live in the most independent manner possible.

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From the CEO... By Jean Leonatti, CEO

Dear Readers,

May is Older Americans Month. The theme this year is Age Out Loud! I normally don't get too excited about these national recognition months as there seems to be one for just about anything. However, this one really resonated with me --

Age Out Loud!

Getting older doesn't mean what it used to. For many aging Americans, it is a phase of life where interests, goals, and dreams can get a new or second start. Today, aging is about eliminating outdated perceptions and living the way that suits you best.

Take Barbara Hillary, for example. A nurse for 55 years who dreamed of travel, at age 75 Hillary became the first African American woman to set foot on the North Pole. In 2011, at age 79, she set another first when she stepped onto the South Pole. Former president George H.W. Bush celebrated his 90th birthday by skydiving. Actress Betty White, now 95 years old, became the oldest person to host Saturday Night Live in 2010. A good friend of mine will celebrate her 90th birthday with a hot air balloon ride.

Since 1963, Older Americans Month has been a time to celebrate older Americans, their stories, and their

contributions.

This year's theme, "Age Out Loud," emphasizes the ways older adults

are living their lives with boldness, confidence and passion while serving as an inspiration to people of all ages.

This theme reminds us to do four things:

- 1. Know Your Rights.**
- 2. Stay Engaged.**
- 3. Strive for Wellness.**
- 4. Explore New Things**

We can use the month of May to focus on how older adults in our community are redefining aging—through work or family interests, by taking charge of their health and staying independent for as long as possible and through their community and advocacy efforts. We can also use this opportunity to learn how we can best support and learn from our community's older members.

Join us in promoting activities, inclusion and wellness for Older Missourians in your community. Happy Older Americans Month!



By Beth Busseau, County Services Director

“WE EAT WITH OUR EYES”

Dear Beth,

Why does your senior center have a self-serve buffet line? Most centers have servers on the line, making plates of food.

Sincerely,

Curious

Dear Curious,

Buffet dining has been a way of life for CMAAA for decades. The element of choice satisfies people. Picking the quantity of vegetables along with which entrée you desire, liver and onions or roast beef for example, has proven to be effective for reducing waste and holding costs at an acceptable level. This also satisfies everyone’s desire to make choices of their own.

At this time, CMAAA has divided head cook meetings into regional events. By bringing regional staff together, we are able to have small group education with opportunity to share recipes, food prep variations and spice choices for a variety of entrees. By building relationships for staff with like job responsibilities, it appears that job satisfaction has increased.



Our most recent meeting focused on the importance of food presentation. “We eat with our eyes” in an important concept when preparing food. For example, what the pan of jello looks like determines your desire to enjoy a helping of fruit-filled jello, with the sugar-free option not affecting your sugar count dramatically.

Imagine a pan of sliced roast pork topped with pineapple and red and green apples on top, bursting with color! How appetizing it would look! Being pleasing to the eye can make the flavor pop as well.

Participants can enjoy the interaction at a community meal setting along with a delicious meal. At your next meal, compliment the head cook for serving all of your senses.



“Choosing the Appropriate Level of Long Term Care”

By Donna Wobbe,
Ombudsman Program Director



We are all different and how each of us react to our challenges in life is also different. When I have an important decision to make, I take a walk, ride my bike, take photos of beautiful flowers or simply sit outside and enjoy the view while I gather my thoughts. Reviewing the facts, exploring options and being fully informed can be helpful when making important decisions.

In this series on "Choosing the Appropriate Level of Long Term Care" my hope is that everyone will have a better understanding of the following multiple levels of care and will be able to make a more informed decision if needed.

Past issues covered Short Stay Rehabilitation in Skilled Care (Rehab) and Skilled Nursing Care (SNF). **This issue covers Assisted Living (ALF) & Assisted Living ** (ALF**).** Future issues will cover Residential Care (RCF) & Residential Care* (RCF*) and Intermediate Care Facility (ICF).

Assisted Living is often a consideration as more oversight is needed with nutrition, hydration, medications and safety. Consult with a Community Care Coordinator to explore options and resources to remain in your community home. *The Ombudsman Program is available to assist with choosing an assisted living environment that can best meet your person centered needs.* The Missouri Department of Health and Senior Services offers the following definition of the two different levels of Assisted Living. Note that the difference between Assisted Living and Assisted Living ** is described in the final sentence of Assisted Living Facility**.

An Assisted Living Facility provides 24-hr care services and protective oversight to residents who are provided with shelter and board, and who may need assistance with activities of daily living which include eating, dressing, bathing, toileting, transferring and

walking. The facility also provides oversight for storage, distribution, or administration of medications and health care supervision under the direction of a licensed physician consistent with a social model of care.

A social model of care includes long-term care services based on the abilities, desires, and functional needs of individuals delivered in a setting that is more home-like than institutional and which promotes the dignity, privacy, independence and autonomy of the individual. A licensed Nursing Home Administrator is required. This type of facility may accept or retain residents who require minimal assistance in their safe evacuation from the facility.

An Assisted Living Facility** (is able to admit residents needing more than minimal assistance to safely evacuate), provides 24-hr care, services and protective oversight to residents who are provided with shelter and board, and who may need assistance with activities of daily living which include eating, dressing, bathing, toileting, transferring and walking. The facility also provides oversight for storage, distribution, or administration of medications and health care supervision under the direction of a licensed physician, consistent with a social model of care. A social model of care includes long-term care services based on the abilities, desires, and functional needs of individuals delivered in a setting that is more home-like than institutional and which promotes the dignity, privacy, independence and autonomy of the individual. A licensed Nursing Home Administrator is required. The facility may accept or retain residents with an impairment that prevents their safe evacuation with minimal assistance only if the facility meets certain staffing requirements to assist in evacuations and include an individualized evacuation plan in the resident's service plan. (continued on page 7)

Hey Kay... By Kay Barbee, CMAAA Medicare



Test your Medicare Knowledge

Before Medicare of those aged 65+ less than 50% had insurance, and 35% lived in poverty. Life expectancy was about 8 years less for men and 5 years less for women.

What is the current Life Expectancy?

- a) 70 years old for a female, 68 years old for a male
- b) 85 years old for a female, and 82 years old for male
- c) 88 years old for a female, and 85 years old for male

Clue: A man born on April 8, 1956. At his current age of 55, he can expect to live to 81.8 years. But, if he reaches 70, he can expect to live until 85.3 years.

A woman born on June 7, 1960. At her current age of 50 years and 10 months, she can expect to live until 84.5 years. If she reaches 70, she can expect to live until 87.5 years.

Medicare was officially signed into law on:

- a) January 1, 1950
- b) July 4, 1980
- c) July 30, 1965

Which President signed Medicare into law?

- a) President Johnson
- b) President Clinton
- c) President Reagan

Who was the first official Medicare enrollee?

- a) President Roosevelt
- b) President Gerald Ford
- c) President Harry Truman

What was the monthly premium for Medicare Part B in 1965?

- a) \$10 per month
- b) \$3 per month
- c) \$15 per month

How many people are enrolled in Medicare ?

(latest chart 2015)

- a) 35 million
- b) 80 million
- c) 56 million

Medicare has served American well, and increased health equity.

1965-Any hospital wishing to accept Medicare was required to desegregate. As a result 1,000+ hospitals integrated staff and patient in 4 months.

1972-Disability coverage is introduced for people under 65 with long-term disabilities. More than 6 million people with disabilities gain health insurance.

1980-Congress acts so people no longer need hospital or nursing home care to get Home Health coverage, and 100-visit limit is removed, improving access to home care for people with long-term and chronic conditions.

1982-Hospice coverage is added, impacting millions of Americans. Almost half of the beneficiaries who died in 2013 received hospice care.

1985- Any hospital that participates in Medicare and has an ER is required to provide basic stabilizing treatments to all, regardless of insurance status.

1992-Medicare Supplement Insurance (“Medigap”) plans are standardized, making coverage more understandable and Medicare more affordable by covering beneficiary cost-sharing.

2006- Prescription drug coverage is added to Medicare, but only through private plans, not traditional Medicare.

2008- Mental health coverage is improved, controlling program costs and increasing parity.

continued on page 7

continued from page 4

The Ombudsman Program visits with residents in all licensed long term care homes throughout the year to make sure residents' rights are protected.

If you or someone you know would be willing to gift a few hours each week to advocate for residents in Long-Term Care, we offer training and certification for Ombudsman Volunteers in all nineteen counties in which we serve!

For additional information please call, email or visit us online.

Central MO Area Agency on Aging

Long Term Ombudsman Program

573-443-5823 or 1-800-369-5211

Email: dswobbe@cmaaa.net

OR

Email: LTCOombudsman@healthmogov

Online at: health.mo.gov/seniorsombudsman

7-800-309-3282

continued from page 6

2010- The Affordable Care Act positively impacts Medicare with: (1) 10 years of economic security for the Medicare Trust Fund, (2) Free preventive benefits and annual Wellness Visit, (3) Increased payment parity between private Medicare Advantage plans and traditional Medicare, and (4) Better Part D prescription drug coverage.

2012- "Improvement Standard" clarified by Jimmo v Sebelius Settlement: (1) Confirmed coverage is available for skilled maintenance nursing and therapy, and (2) Increased access to health care for beneficiaries with long-term and chronic conditions.

Sources: Social Security Administration (www.ssa.gov). Centers for Medicare and Medicaid Services (www.cms.gov). Center for Medicare Advocacy (www.medicareadvocacy.org).

Have question about Medicare? Contact your local CMAAA Care Coordinator. (See page 8 for a complete listing.) Or contact CMAAA's Medicare Consultant Kay Barbee. Kay can be reached at 800-369-5211 or 573-424-7632 or BarbeeKK@gmail.com. Answer key: B or C, C, A, C, B, C

SUBSCRIPTION FORM

Suggested contribution - \$4.00

Mail to: CMAAA, 1121 Business Loop 70 East, Suite 2A, Columbia, MO 65201

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(city) (state) (zip code)

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**SILVER
ECLECTIC**

*a monthly publication
for senior citizens
and for those who share
their concerns.*

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Need Help? Call Us.

SENIOR CENTERS

Boonslick Senior Center (Boonville) (660) 882-2344	Eldon Senior Center (573) 392-6102	Moniteau Nutrition Center (Tipton) (660) 433-2715	Versailles Senior Center (573) 378-6232
Bourbon Senior Center (573) 732-4268	Fayette Senior Citizens Center (660) 248-3733	Senior Meal Program (Columbia) (573) 449-8000	Vienna Senior Center (573) 422-3834
California Nutrition Center (573) 796-4240	Friendship Hall (Iberia) (573) 793-2747	Owensville Senior Center (573) 437-3096	Warren Senior Center (Richland) (573) 765-5414
Callaway Senior Center (Fulton) (573) 642-2458	Glasgow Senior Center (660) 338-2975	Osage Beach Senior Center (573) 348-2909	Waynesville/St. Robert Sr. Center (573) 774-2668
Camdenton Senior Center (573) 346-2776	Hughes Center (Lebanon) (417) 532-3040	Rolla Elderly Highrise (573) 341-2929	Westside Senior Center (Laurie) (573) 372-3588
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CARE COORDINATORS

Care Coordination Director
Rose Nelson
(800) 369-5211 or (573) 443-5823

Audrain County Carol Senor (573) 581-7678	Cole County Tammy Martin (573) 634-8828	Gasconade County Tonya Zelch-Wagner (573) 437-2532	Miller County Kathleen Humphrey (573) 392-7229	Phelps County Scott Shaffer (573) 265-0616
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