

AARP Tax-Aide Program Returns to Sauk County

The AARP Tax-Aide program, designed to help low to moderate income taxpayers, especially those 60 and older, is returning to Sauk County.

Volunteer counselors are trained and certified in cooperation with the American Association of Retired Persons (AARP) and the IRS.

These volunteer counselors are able to assist you in filing certain tax forms and schedules, including the Form 1040. However, the Volunteer Protection Act requires that the volunteers stay in the scope of the program. If counselors feel your return is too complex, they may ask you to seek paid tax assistance.

The program will be run differently than in past years. Appointments will ONLY be scheduled in Baraboo - not in Reedsburg or Sauk Prairie and will begin on February 5th.



To schedule your appointment for this free service, please call the ADRC at 355-3289 or 800-482-3710.

What should you bring with you?

- Identification
- Last year's tax return
- Social Security card or other official documentation
- Checkbook if you want to do a direct deposit of any refund(s)

Income information:

- W-2 from each employer
- Unemployment compensation statements
- SSA-1099 (Social Security Benefits) OR

RRB-1099 (Railroad Retirement Benefits)

- 1099 forms reporting interest (1099-INT), dividends (1099-DIV), proceeds from sales (1099-B) and documentation showing the original purchase price of your sold assets
- 1099-R form (pension or annuity)
- 1099-MISC showing miscellaneous income

Payment information:

• All forms and canceled checks indicating federal and state income tax paid (including quarterly estimated tax payments)

Deductions:

- 1098 form showing home mortgage interest
- Receipts or canceled checks for medical/ dental expenses
- Receipts for prescription medicines
- Receipts for cost of assisted living services
- Receipts for the cost of home improvements (such as ramps and railing)
- Receipts for contributions to charity
- Receipts or canceled checks for all tax income and property taxes you paid, as well as records of tax refunds

Credits:

- Dependent care provider information
- Receipts, canceled checks or 1099 forms related to continuing education

If you rent or lease your home, please bring the rent certificate from your landlord if you are eligible to file a Homestead Credit claim.

Thank you to our volunteer Tax-Aide team! Without their commitment and dedication to this program and the people of Sauk County, this free service would not be available to you!

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Our five-year-old grandson couldn't wait to tell his grandfather about the movie we had watched on television, "20,000 Leagues Under the Sea." The scenes with the submarine and the giant octopus had kept him wide-eyed. In the middle of the telling, his grandfather interrupted him, "What made the submarine sink, was it the octopus?"

With a look of incredulity Mark replied, "No, Grampa, it was the 20,000 leaks!"



Mark Your Calendar

The ADRC will be closed on:

March 29 May 27 July 4

Good Friday Memorial Day Fourth of July

Please note that the dining centers and home delivered meals do not operate when our office is closed.

> Office hours are: Monday through Friday, 8:00 a.m. - 4:30

Voice of the Messenger Tony Tyczynski, Veterans Service Officer



Dear Friends,

As we head into the new year, I want to remind us all that we owe it to ourselves and our fellow veterans to pay attention to what is happening in Madison, as well as Washington, D.C., regarding laws and changes to our benefits. These are benefits which we have earned through our service and we must ensure they are not a part of the equation for the state or federal government when looking for ways to fix their financial mess. At this time, I feel our bigger concern is Washington, D.C., as Wisconsin seems to have its finances much more in order. We will do our part to keep you informed, but please be involved as well so we can present a united front.

Home Depot has a program where they provide free materials to veterans who own their homes and may need some improvements. If you know of a veteran who is lower income and may benefit, please refer them to our office.

The Baraboo Outpatient Clinic opened in their new location on December 17. They are located at 1670 S. Blvd in Baraboo and their phone number is (608) 356-9318.

We had our first PTSD support group meeting on December 18 and it went really well. We still have plenty of room for more participants. The next three meetings will be on Tuesday, January 15, February 19, and March 19 from 1:00 - 2:30 p.m. in Room B30 (basement) of the West Square building.

In Your Service,

Tony

VETERANS MESSENGER



Veterans Benefit Specialists



Kathy Kent

Pamela Russo

505 Broadway * Baraboo Telephone - 608-355-3260 www.co.sauk.wi.us

VETERAN BENEFIT SCENARIO

**This is not an individual veteran, and any similarities between the example and an actual veteran are purely coincidental.

Roy had been service-connected for his back for many years. Through medication and physical therapy he had managed to live with his pain and continue to work and support his family. He recently had a second surgery on his back as it had gotten progressively worse over the years. During his follow up visit with his surgeon, he was told that he really isn't ever going to be able to work again due to his service-connected back. Roy came to see us at the Sauk County Veterans Service Office, where we told him about a benefit called Individual Unemployability (IU).

When a veteran qualifies for this benefit and asks the VA for it, they will look at his work history and his education in relation to his service-connected disability(s). The VA makes a determination if they believe the veteran is capable of gainful employment (earning over \$10,000 a year). If the VA grants IU to a veteran, it doesn't necessary change their percentage of disability but the VA will pay the veteran at the same rate as they would pay a vet who is rated at 100% disabled. In addition, the veteran and his dependents will likely qualify for a number of additional benefits.

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If you know of a veteran who has a serviceconnected disability which is making it difficult or impossible for them to be gainfully employed, regardless of their age, please do what you have to do to get them to our office. If necessary we will come to them. This benefit can make a tremendous difference in the lives of our disabled veterans who qualify.



40 & 8 Smelt Feed & Pulled Pork Dinner

The 40 & 8 Smelt Feed & Pulled Pork dinner will be held on

> Monday, February 11 4:00 - 9:00 p.m..

It will be held at Pumphouse Sports Bar & Grille (formerly Hooty's), at S5718 Hwy 123 in Baraboo.

Adult tickets are \$11 in advance, \$12 at the door. Tickets for children 10 and under are \$6 at the door (no advance tickets for children). Advance tickets will be available at the Pumphouse and from our office.

Veteran Sleep Survey

VetAdvisor[®] and Johns Hopkins University are collaborating on a national survey to collect data to better understand veteran sleep issues. The survey takes approximately 10 minutes to complete and your input could impact how veterans receive treatment for sleep issues in the future.

For more information please visit their website:

http://myvetadvisor.com/news/innovativesurvey-of-veteran-sleep-issues-launched/



A Retreat for Veterans and their Families

Easter Seals Wisconsin is once again offering a Veterans Family Camp Weekend session this spring, for military service veterans and their families. The Veterans Family Weekends are held on Easter Seals Camp Wawbeek's 400 beautifully-wooded acres just north of Wisconsin Dells. It focuses on fun and fullyaccessible recreational activities available for individuals or the entire family to experience together. Veterans with and without disabilities are encouraged to attend.

The next Veterans Family Camp Weekend will be May 3-5, 2013. For more information or to register you can contact them at 1-800-422-2324 or visit their website at <u>http://</u> www.eastersealswisconsin.com

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New Policy Eliminates Paperwork Allows More VA Staff to Focus on Eliminating Claims Backlog

The Department of Veterans Affairs announced it is cutting red tape for veterans by eliminating the need for them to complete an annual Eligibility Verification Report (EVR). VA will implement a new process for confirming eligibility for benefits, and staff who had been responsible for processing the old form will instead focus on eliminating the compensation claims backlog.

Historically, beneficiaries have been required to complete an EVR each year to ensure their pension benefits continued. Under the new initiative, VA will work with the Internal Revenue Service (IRS) and the Social Security Administration (SSA) to verify continued eligibility for pension benefits.

"By working together, we have cut red tape for veterans and will help ensure these brave men and women get the benefits they have earned and deserve," said Secretary of Veterans Affairs Eric K. Shinseki.

VA estimates it would have sent nearly 150,000 EVRs to beneficiaries in January 2013. Eliminating these annual reports reduces the burden on veterans, their families, and survivors because they will not have to return these routine reports to VA each year in order to avoid suspension of benefits. It also allows VA to redirect more than 100 employees who usually process EVRs to work on eliminating the claims backlog.

"Having already instituted an expedited process that enables wounded warriors to quickly access Social Security disability benefits, we are proud to work with our federal partners on an automated process that will make it much easier for qualified veterans to maintain their VA benefits from year to year," said Michael J. Astrue, Commissioner of Social Security.

"The IRS is taking new steps to provide critical data to help speed the benefits process for the nation's Veterans and Veterans Affairs," said Beth Tucker, IRS Deputy Commissioner for Operations Support. "The IRS is pleased to be part of a partnership with VA and SSA that will provide needed data quickly and effectively to move this effort forward."

All beneficiaries currently receiving VA pension benefits will receive a letter from VA explaining these changes and providing instructions on how to continue to submit their unreimbursed medical expenses.



Troops to Teachers Gets Fresh Start

Congress is jump-starting a 20 year old program aimed at helping separating troops begin careers as teachers and taking other steps to smooth the transition to civilian life.

The Defense Authorization Act for 2013, passed December 21 by Congress and on its way to the White House for President Obama's signature, also will standardize military training and education records so prospective employers can more easily understand them (Continued on page 6)

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VETERANS

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and expand programs to make it easier for veterans to get civilian licenses or credentials for military skills.

The bill also allows, but does not require, states to appoint transition counselors to National Guard members returning from active duty to help them receive benefits and health care.

Congress created the Troops to Teachers program in 1992 as a way to help the public education system find teachers, including many men with math and science backgrounds. Over the years, the program helped place about 12,000 former service members in classrooms, but it has languished since primary responsibility was shifted from the Pentagon to the Education Department in 2001.

The 2013 defense bill returns the program to Pentagon control, at the Defense Department's request; adds foreign language skills as one of the sought after specialties; lowers to four the required number of years of service to be eligible, two fewer than before; and requires applications within three years of separation from service, one fewer than before.

Defense officials said the changes open the program to more people while keeping it focused on transitioning troops.

About 2,000 people a year are expected to benefit. The program pays a stipend of up to \$5,000 to help cover the cost of getting a teaching certification and a signing bonus of up to \$10,000 for becoming a full-time teacher.

The highest payments go to those teaching in

schools with large numbers of students from low-income families. The program also pays grants to schools that hire participants.

Defense officials expect to spend \$15 million -\$17 million a year on the program. Priority placement goes to veterans and retirees with educational or military experience in science, math, special education, career or technical subjects and foreign languages. Applicants agree to seek jobs in public schools - including charter schools - to teach in those fields.

In their proposal to Congress, defense officials said having veterans teach foreign languages could have long-range national security benefits "because of the importance of increasing the number of bilingual and multilingual young men and women in the military."

The program's transfer back to DoD will happen about three months after Obama signs the defense bill into law.



Support Veterans with a Tax Refund Donation

Wisconsinites are encouraged when filing state income taxes this year to consider donating to the Veterans Trust Fund (VTF), the state's

primary means of supporting veterans.

The VTF provides valuable services and benefits for veterans and the immediate families of service members who have died in the line of duty or as a result of service-

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Sign up for the Electronic Newsmagazine

Any veteran who would like to receive upcoming issues of AddLIFE Today! via e-mail, please e-mail **kkent@co.sauk.wi.us** with your name and e-mail address. If you have already given us your e-mail address, please let us know of any updates or if you no longer wish to receive our newsmagazine.

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connected disability. The fund supports retraining grants, claims assistance, subsistence aid, and state Veterans Cemeteries.

With more troops returning home, more veterans are utilizing the services provided by the Veterans Trust Fund. These service members are returning to a challenging economy and are dealing with the after effects of repeated deployments, mental trauma, and physical trauma. Returning service members rely on programs supported by the VTF to reestablish their lives as civilians, attain job training and education, and contribute to the workforce as future leaders. At the same time, the needs of senior veterans have grown. As Wisconsin veterans age, the demand for affordable nursing care, transportation to VA medical centers, and eyeglasses and hearing aids increases.

Just one dollar donated from every taxpayer in the state would raise more than \$3 million for veterans.

Donating is simply completed by entering an amount to give next to the Vets logo on your state income tax form. Donations can also be made by mailing a check to Wisconsin Department of Veterans Affairs, Veteran Trust Fund Donation, 201 W. Washington Ave., P.O. Box 7843, Madison, WI 53707-7843

Thank you!

We want to thank the following for their recent donations to the Veterans Care Trust Fund: John Lomax, Wisconsin Dells; Debbie Steinhorst, in memory of Cole Felmlee; Vietnam Veterans of America Chapter 221, Portage; VFW Post Auxiliary 987, Baraboo; Lachmund-Cramer VFW Post 7694, Prairie du Sac; American Legion Post 350, Reedsburg, in memory of Clarence Dreifke; Pierces Community Foundation (you can designate a percentage of your Pierce's purchases towards the Veterans Care Trust Fund and they send us a check each year).

These tax deductible donations are used to help needy veterans of Sauk County.

Beat The Cabin Fever Dance

Free Admission

Saturday February 23 3:00 p.m. - 11:00 p.m. At the Lone Rock Community Hall

> Entertainment 3:00 p.m. - 5:00 p.m. Band music with Penguin DJ 5:00 p.m. - 8:00 p.m. Classic Country with Whiskey River Band 8:00 p.m. - 11:00 p.m. All your favorites with Midnight Divas DJ Service

Dance proceeds will go to raise fund for sending more WWII and Korean Era Veterans to Washington D.C. on May 19–22, 2013

Fundraisers include: 50/50 Raffle, Bucket Raffles, Silent Auctions, Live Auctions, Quilt Raffle, Purse Auction, Bake Sale, "Miracle Minute" lightning fast donation!



Thank you to Becky Radke and BrightStar for providing the delicious lunch



to our newsletter volunteers.

It was appreciated by all.



PUBLIC TRANSPORTATION BENEFITS

Public transportation in the United States is a crucial part of the solution to the nation's economic, energy, and environmental challenges - helping to bring a better quality of life. In increasing numbers, people are using public transportation and local communities are expanding public transit services. Every segment of American society - individuals, families, communities, and businesses - benefits from public transportation.

Quick Fact:

Ridership on The Bus in Sauk County continues to increase every year:

- 2009 908 passengers
- 2010 3387 passengers
- 2011 3603 passengers
- 2012 4262 passengers



RIDERSHIP ON THE BUS IN SAUK COUNTY

Nationwide, from 1995 through 2011, public transportation ridership increased by 34%—a growth rate higher than the 17% increase in U.S. population and higher than the 22% growth in the use of the nation's highways over the same period.

11 Reasons to take **The Bus** instead of the car:



1. You can catch up on some reading. You can leaf through your favourite magazine, keep abreast of the latest developments in the world of politics courtesy of the in-depth analysis of your daily newspaper, or you can lose yourself in the imaginary world of a really great novel.

2. You can daydream. Recent scientific research has demonstrated that while we are daydreaming our brain is actually doing a very important job, increasing positivity and reducing stress levels.

3. You can work. Thanks to the latest mobile technology, you can turn the bus into a temporary office. And you don't have to worry about distractions. Getting a little work done en route will help ease the stresses of the day by giving you a little bit of a head start.

4. You can relax. You don't have to worry about other drivers weaving in and out of traffic or performing illegal U-turns without warning.

5. You can exercise. The fact that bus users, on the whole, have to walk from their home to the bus stop and from the bus stop to the work place (and vice versa) means exercise is guaranteed.



6. You can meet people. It happens. The bus is a pretty cozy environment. And because you tend to see the same commuters day after day, relationships can develop at healthy, steady pace. Relationships blossom in department stores, public libraries, so why not the bus?

7. It's cheaper. No parking fees, no fuel costs, no parking fines, no expensive repairs, no insurance.

8. You can people-watch. People-watching is fun.

9. You get to feel really good about yourself. Let's face it, you're saving the world by reducing your carbon footprint, you're making a genuine and valuable contribution to the fight against climate change, securing a better future for generations to come.

10. You can improve your brain. According to a recent study, doing puzzles such as crosswords and Sudoku can help stave off dementia by stimulating the creation of new neural pathways and giving the old grey matter a vigorous workout.

11. It's safer. The odds of being killed on a 5-mile bus trip are 1 in 500,000,000. The chances of dying in a car accident are 1 in 18,585.

So, in a nutshell, on the bus you can read, get fitter, get smarter, meet new people, reduce your stress levels, save money, improve your career prospects, save the world and not get killed.

Well worth the price of a \$2.00 ticket.

<u>http://www.pinstripedirect.com/</u> 11-reasons-to-take-the-bus-instead-of-the-car

A Senior Moment or Epilepsy?



Will*, 65 years old and close to retirement, was finishing up some paperwork in his office. He looked up and saw another desk in his office and someone he didn't recognize working

there. He closed his eyes and when he looked again the vision was gone.

Will's older brother had been diagnosed with Alzheimer's disease in the preceding year. Will feared this might be the onset of Alzheimer's for him. He didn't tell his wife or his physician what had happened.

Similar incidents continued to occur, and Will was losing track of blocks of time. He finally consulted his physician who referred him to a neurologist. A series of tests revealed Will, healthy and robust for his age, but had developed recurring seizures or epilepsy.

Epilepsy, sometimes referred to as a seizure disorder, is a common neurological condition. In recently published data, the Institute of Medicine concluded that 1 in 26 people will develop epilepsy in the course of their lifetime. It is the third most common neurological condition after stroke and Alzheimer's.

A seizure is a brief, episodic disturbance characterized by abnormal discharge of neurotransmitters between cells in the brain. As this abnormal discharge spreads it recruits other parts of the brain to become involved in the seizure. You could see, hear, or feel something funny as part of a seizure. You could also fail to remember what you saw, heard or felt, because the seizure can short-circuit your memory.

Seizures are divided into two classes. *Generalized seizures* begin deep within the brain and spread so quickly they appear to involve the entire brain at once. A sudden fall, without warning, accompanied by stiffening of muscles and rhythmic shaking is known as a *generalized convulsive seizure*. This is what most people think of as epilepsy. This is only one type of generalized seizure. About 40% of people with epilepsy have generalized seizures.

More common are seizures that begin in the outer cortex of the brain and spread more slowly. These are call *partial seizures* and can begin with funny feelings or unusual sensations that can be remembered, like visual apparition. When you can remember the feeling or sensation it is called a *simple partial seizure*. As partial seizures spread they can affect memory and consciousness; a person may realize they have missed a few minutes of time. When seizures involve lost or altered consciousness they are called *complex partial seizures*.

Partial seizures can begin as a funny feeling, like panic or dread, involuntary muscle movements, or unusual sensations like a rapid heartbeat or blushing for no reason. These episodes can be mistaken, especially by seniors who may be unfamiliar with seizures, for senior moments, forgetfulness, or even panic or anxiety disorders.

The hallmark of all seizures is that they are typically brief. Even convulsive seizures only last a minute or two. Recovery from the seizure may take longer but the seizure itself is brief. If you have unusual sensations like fear or panic, which last 20 seconds or a minute, your doctor might suspect a seizure. If these feelings last a day or more it is likely from other causes and may require other treatment.

The treatment for epilepsy is mainly medication. Medications for epilepsy raise a person's seizure threshold to keep incidents from happening. In Wisconsin, if a person experiences lost or altered consciousness and/ or involuntary muscle movement they must surrender their driving license until they are incident free for 90 days. Medication help

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people with seizure disorders remain seizure free, as long as they take their medications daily.

Not everyone responds well to medication, though. About 40% of people diagnosed with epilepsy become seizure free on medication. Another 30% get reasonable seizure control, maybe one or two seizures per year, though what's reasonable varies for different individuals. 30% of people with epilepsy have medication resistant seizures and, for them, surgery, nerve stimulation devices or other less common treatments may be in order.

Will worked with his neurologist conscientiously but

had difficulty finding a medication that would stop all his seizures. Before he knew it, ten years elapsed and his seizure control was still far from perfect. Now 75, Will depends on his wife to drive and their travel and entertainment plans have been limited because of his seizures. One day his doctor told him that he might be a surgical candidate except for his age. 'If I had known your seizures would be this difficult to control," the doctor told him, "we would have operated when you were still in your 60s. We just waited too long".

By: Arthur Taggart Epilepsy Foundation Heart of Wisconsin 800-693-2287 <u>www.epilepsywisconsin.org</u> *Names were changed to protect patient privacy. Not another moment lost to seizures®



WASH, WASH, WASH YOUR HANDS!

Did you know one of the most important things you can do to keep

from getting sick is to wash your hands? During flu season it is even more important to wash your hands to prevent the spread of germs that would result in sickness.

Some activities that you should make an effort to wash your hands *before* doing include:

- Preparing food
- Eating
- Brushing your teeth
- Helping a young child, someone elderly or someone who is sick

Several activities that you should make an effort to wash your hands *after* doing include:

- Using the bathroom
- Changing diapers
- Touching door knobs, railings, or other surfaces that have been touched by others
- Helping a sick person
- Blowing your nose, coughing or sneezing
- Handling uncooked meat and poultry

The best way to wash your hands is to use

soap and to rub your hands together under running water. Make sure to follow these steps for t effective germ removal:

- 1. Wet your hands with very warm water.
- 2. Apply soap to your hands.
- 3. Rub your hands together for 15-20 seconds to work up a lather. Scrub under your fingernails, the palms, and the back of the hands.
- 4. Rinse the soap off under running water.
- 5. Dry your hands with a clean towel, paper towel, or an air dryer. If possible use the paper towel to turn off the faucet and open the door.

When soap and water are not available, another option is to use alcohol-based hand sanitizer. This product will get rid of most of the germs on your hands.

This partnership article is provided by:

BrightStar 507 Linn Street Baraboo, WI 53913 608.355.5015





Volunteer Vantage Point

Mary Jane Percy Volunteer Coordinator



"Living Well with Chronic Conditions" Returns!

We are happy to announce the "Living Well with Chronic Conditions" program is returning. This program, developed at Stanford University, was designed for persons of all ages who suffer from chronic medical conditions who want to live a fuller, more exciting and interesting life.

Thousands of persons have completed the program and have reported less pain, fewer trips to the doctor and hospital, and a more satisfying and happier life.

This is a six week program, and books and other materials will be provided free of charge.

The next session will be:

Tuesdays, March 12 - April 16 1:00 pm - 3:30 pm Reedsburg Public Library

To register for the class or if you would like more information, please contact Mary Jane at the ADRC at 355-3289.

Don't let pain or medical problems rule your life.

Take charge! Learn to have fun again! Live WELL with Chronic Conditions!

AARP Driver Safety

Cars have changed. So have traffic rules, driving conditions, and the roads we drive on every day. AARP Driver Safety is the nation's first and largest driver safety course intended to help drivers remain safe on today's roads. The class is open to drivers of all ages, AARP members and non-members, and there are no tests.

In the four hour AARP Driver Safety course you will learn: how to manage the effects of aging on driving; proper following distance behind another car; how to safely make turns at busy intersections; steps for driving through a roundabout; how to manage dangerous blind spots; safe ways to change lanes; how to eliminate distractions while driving; effects of medications on driving; proper use of safety belts, air bags, anti-lock brakes ... and much more!

Sauk Prairie - Wednesday, March 13th 12:30 p.m. - 5:00 p.m.

Reedsburg - Wednesday, April 24th 7:30 a.m. - 12:00 noon

Please call the ADRC to reserve your spot 608-355-3289 or 800-482-3710

\$12.00 with proof of AARP membership \$14.00 for non-members

The fee must be paid at the time of the class.

Please make your check payable to: AARP Driver Safety (checks are preferred - no cash please)

If you pre-pay on-line please print out and bring your receipt with you.

Thank you to Bill Grosz who gives of his time and energy to teach this class!

Neighbors Helping Neighbors

Do you have an hour each week you can give to help a neighbor? The Aging & Disability Resource Center is looking for additional volunteers in the following neighborhoods: Reedsburg, Spring Green, and Wisconsin Dells.

Are you able to: smile? ... welcome your neighbors as they come to enjoy lunch at our cafés and dining centers? ... bring a lunch to someone who is homebound? ... drive a neighbor to a medical appointment? ... pass a plate of brownies? If you answered "YES" to any one of these questions YOU could be a volunteer with the ADRC.

Neighbors Helping Neighbors! We'll help you get connected in YOUR neighborhood. Call Mary Jane at 355-3289 to find out more!



Service Learning Day !!

For the second year, the students of Al Behrman Elementary (you may remember it as "South School") - along with adult chaperones - will be forming teams and going out into the Baraboo community for a day of service projects. It's called a Service Learning Day ... a way for the Al Behrman students to learn how to serve their neighbors and their community.

Need your yard raked? Your garage swept? Your flower beds cleaned out? Let me know ... and we will help get you connected with the help you need.

Call Mary Jane at 355-3289 to find out more!

Foot Clinic Schedule

To schedule a foot care appointment call Sauk County Home Care at 355-4313

The cost for foot clinic visit is \$25.00.

<u>Baraboo - West Square Building</u> Tuesdays - February 5 & 19 Wednesday - February 20 Tuesdays - February 5 & 19

LaValle - Fire Department Wednesday - March 27

<u>Merrimac</u> - Village Hall Wednesday - March 20

<u>Lake Delton - Holly Cross Episcopal/</u> <u>United Methodist Church</u> Wednesday - March 13

<u>Plain - American Legion Hall</u> Thursday - February 28

<u>Reedsburg - Maple Ridge</u> Tuesday - February 12 Thursday - February 21 Tuesday - March 12 Thursday - March 21

<u>Reedsburg</u> - Willow Heights Wednesday - February 13

Sauk Prairie - St John's Church Thursdays - February 7 & 14 Thursdays - March 7 & 14

<u>Spring Green</u> - <u>Christ Lutheran Church</u> Tuesday - March 26

At the foot clinic appointment you will receive a foot soak, nails trimmed, callouses filed, and your feet are inspected by Sauk County Public Health home health aides and nursing staff.

To confirm	5-3289 or (800 site visits or t te appointmen	o schedule	Deb Harve Coming to New Location in Plain	you:	
Aindy Shr Coming to v			Plain Green TTEC	February 6 1:00 to 3:00	March 13 1:00 to 3:00
Howard Wynn Apartment	February 5	March 5	Spring Green Senior Center	February 13 10:30 to 11:30	March 20 10:30 to 11:
Reedsburg	11:00 to 12:00	11:00 to 12:00	Spring Green Library	February 13 1:00 to 2:00	March 20 1:00 to 2:0
Park Place enior Apartment Reedsburg	February 5 2:00 to 3:00	March 5 2:00 to 3:00	Sauk/Prairie Community Cntr	February 14 10:00 to 11:30	March 21 10:00 to 11:
Baraboo Dining	February 12	March 12	Merrimac	February 14	March 21

alth Care Exchanges

by GWAAR Legal Services Team

In a letter to Health and Human Services Secretary Sebelius on November 16, Governor Scott Walker announced that Wisconsin would not be creating a state-based health insurance exchange.

The exchanges, a key component of the Affordable Care Act, are online marketplaces where uninsured people and small businesses will shop for coverage and find out if they qualify for financial assistance or Medicaid benefits beginning in 2014. Over 50% of states have declared they would leave the operation of the exchanges to the federal



government or partner with federal authorities rather than take charge themselves, as the law intended.

As of November 16, Wisconsin joined the ranks of the states that would leave the establishment and operation of the exchange to the federal government. The exchange also will be the portal for

determining whether people are eligible for federal subsidies to buy commercial health insurance. People with incomes below 400% of the federal poverty threshold — \$92,200 for a family of four this year — will be eligible for subsidies tied to their household income.

Does this mean that Wisconsin will not have exchanges? No!

All it means is that the federal government will set up the exchanges instead of the state. The exchanges are required to be up and running by October 1, 2013, when people will begin using them to buy health insurance.

Governor Walker Announces SeniorCare Renewal

Wisconsin has received formal approval from the Centers for Medicare and Medicaid Services (CMS) to renew SeniorCare until 2015. SeniorCare, Wisconsin's prescription drug program launched in 2002, provides affordable, comprehensive prescription drug coverage to thousands of Wisconsin seniors.

In addition, SeniorCare now includes a new covered service, Medication Therapy Management (MTM). Medication therapy management creates a partnership between pharmacist, patient and physician to better coordinate the delivery of medications.

SeniorCare is a popular and successful program, with a simple enrollment process, a \$30 annual enrollment fee, income-based deductibles, and co-payments of \$5 for generic drugs or \$15 for brand drugs. Since 2002, more than 152,000 seniors have purchased prescription drugs through SeniorCare.

RETREMENT

I'm Turning 65/Retiring: Now What? Know Your Options!

Presented by Deb Harvey and Mindy Shrader Tuesday, March 12, 2013 at 4:30 p.m. West Square Building, 505 Broadway, Baraboo This workshop is for people considering retirement, turning 65 or reaching full

retirement, turning 65 or reaching full retirement age.

Our session focuses on the insurance questions confronting new retirees and those who are continuing to work, even though they are age 65 or older. Preparation for retirement can be complicated and overwhelming. This workshop is designed to provide information to help you make well informed retirement decisions

Facts about SeniorCare

- SeniorCare prescription drug assistance program is available to all seniors 65 years of age or older with an income at or below \$22,340 per year for an individual or \$30,260 for a married couple.
- About 75 percent of Wisconsin seniors enrolled in SeniorCare are women.
- Although the majority of members have been enrolled for two years or less, 11% are charter members and have been enrolled since the start of the program 10 years ago.
- Out of pocket costs for SeniorCare members decreased due to a combination of factors:
 - * increased use of generic drugs,
 - * increased rebates from drug companies, and
 - * changes in reimbursement to pharmacists.
- Many seniors are enrolled in both SeniorCare and a Medicare Part D drug plan or private insurance. Almost 40 percent of those enrolled in SeniorCare have some other type of prescription drug coverage as well, and SeniorCare coordinates benefits with these programs.
- For most Wisconsin seniors, SeniorCare provides a better value than Medicare Part D. However, Part D is better for the lowest income members who qualify for federal subsidies and for members with high drug costs.
- In state Fiscal Year 2011, costs of SeniorCare were \$108.9 million, divided among rebates from drug manufacturers (40%), the federal government (21%), members (19%), state funds (13.6%), and other insurance (6.7%).
- The SeniorCare waiver is estimated to lower total net Medicaid spending by \$146 million in 2011, of which \$53 million will be state savings.

Medicare's Readmission Reduction Program: New Pressures and Penalties for Hospitals by GWAAR Legal Services Team

Effective October 1, 2012, the Affordable Care Act added a section to the Social Security Readmissions Reduction Program requiring CMS to reduce payments to hospitals with a high incidence of readmissions. Because of this change, hospitals are now facing penalties for readmitting patients, with a maximum current penalty of 1% reduction in Medicare payment. Penalties will triple from 1% to a maximum of 3% by 2015.

The change affects hospitals on the Acute Care Hospital Inpatient Prospective Payment System (IPPS). IPPS hospitals are facilities that have contracts with Medicare to provide inpatient hospital serves and accept Medicare assignment rates. Under Medicare Part A, payment for acute care hospital inpatient stays is based on set rates. The IPPS system for payment categorizes cases into diagnosisrelated groups which are weighted based on resources used to treat Medicare beneficiaries in those groups. Currently, readmission rates are only being evaluated for heart attack, heart failure, and pneumonia patients.

Medicare officials say the change is needed, and that already there have been small but significant reductions in readmissions. These readmissions cost Medicare billions of dollars. Although a 1% penalty may seem somewhat insignificant on an individual level, these penalties add up. The lowering of readmission rates can be viewed as a beneficial and much needed cost-saving measure for Medicare. However, some believe the penalties unfairly target hospitals that serve areas with people who are statistically more likely to be readmitted. In addition, research and academic hospitals have voiced concerns about being unfairly targeted for working with low-income and extremely sick populations.

What might hospitals do to avoid the penalties? This new rule also coincides with the visible and problematic rise of observations status cases. Some hospitals have already been suspected of sending patients home within the first 24 hours so they do not count as an admission. It is certain the pressures on hospitals will continue to grow to cut their readmission rates.



Medicare: Inpatient or Outpatient? Staying in the hospital without being formally admitted can cost you thousands of dollars

Jean Arnau spent five days in the hospital with a fractured spine - lying in a hospital bed, wearing a hospital gown and ID bracelet, eating hospital food, and receiving regular nursing care. But when she was discharged and needed to transfer to a skilled nursing facility for rehabilitation, her family learned that she had never been formally admitted as an inpatient to the hospital at all. Instead, she'd been classified as an outpatient under "observation" - a status that would cost her thousands of dollars.

Most patients would regard as meaningless the seemingly slight distinction between the two labels — after all, they're getting exactly the same kind of care. But it can have costly consequences. Under the rules, Medicare picks up the whole tab for the first 20 days in (Continued on page 17)

(Continued from page 16)

an approved skilled nursing facility for rehab or other care, but only if someone has spent at least three full days in the hospital as an admitted patient. If instead a patient has been under observation - for all or part of that time - he or she is responsible for the entire cost of rehab. [Note that this situation applies only to Medicare coverage in skilled nursing facilities - which are usually nursing homes - and not to rehabilitation hospitals or inpatient rehabilitation facilities. Such places have different rules to qualify for Medicare coverage, but coverage is not affected by previous observation status while in a regular hospital.]

Arnau, an 84-year-old widow from Narragansett, R.I., got hit with a large bill. The skilled nursing facility she went to charged her \$3,900 for a two-week stay. And although she had a Medigap supplemental policy, this insurance does not pay the out-ofpocket costs of services that Medicare does not cover.



Unwelcome news: Her family only learned about the problem the day Arnau left the hospital, says her daughter Mimi Auer, who is considering appealing the decision. At first she thought it was a mistake. But staff at the nursing facility told her they'd had four cases like her mother's just the previous week. "Four cases of the same situation, [in which Medicare patients] had to pay for the nursing home because they'd been on observation in the hospital," Auer protests. "What's going on here?"

Over the past several years, hospitals throughout the country have increasingly classified Medicare beneficiaries as observation patients instead of admitting them, according to researchers at Brown University, who recently published a nationwide analysis of Medicare claims in the journal Health Affairs. The results showed that in just three years -2007 through 2009 - the ratio of Medicare observation patients to those admitted as inpatients rose by 34%. Medicare tells hospitals that the decision to admit or discharge a patient who is under observation can most often be made in less than 24 hours. "In only rare and exceptional cases do reasonable and necessary outpatient observation services span more than 48 hours," says the Medicare Benefit Policy Manual (PDF), the agency's coverage bible.

But the Brown University study found that more than 10% of patients in observation were kept there for more than 48 hours. And it identified more than 44,800 who were kept in observation for 72 hours or longer in 2009 an increase of 88% since 2007. This research confirms the longtime concerns of consumer advocates. Two years ago, for example, the federal Medicare agency held a "listening session" at which more than 2,200 hospital administrators, physicians, patient advocates, and others called in - far more than any other such sessions had ever attracted - to discuss the topic of observation status. "Almost everyone who spoke felt the practice was harmful and should be ended," says Judith Stein, founder and executive director of the Center for Medicare Advocacy. But nothing came of it and so last year the center filed a class action lawsuit against the federal government in an

(Continued from page 17) attempt to force change.

More out-of-pocket costs: The suit alleges that the practice of putting patients in observation status not only denies them coverage for post-hospital rehab care in a skilled nursing facility, so they must either pay the full bill - more than \$30,000 in the case of two plaintiffs - or forgo treatment. It also classifies them as outpatients while they're in the hospital. Therefore, their Medicare coverage comes not under Part A (hospital insurance), but Part B (which normally covers doctors' services and outpatient care). For some patients, this can mean paying more out of pocket - especially if they need prescription drugs that, in this situation, would be covered under Part B and not under Part A or even the Medicare Part D drug benefit.

The practice "doesn't make any sense" because people only go into the hospital when they're sick, Stein says. "They [go] either on orders of a doctor or because, having arrived at the emergency department, they were told they should stay." And yet, she adds, "those who ended up in the nursing home with no payment were not aware - and neither were their families - that they were in observation status until they were discharged from the hospital. And then they were informed."

The lawsuit calls for observation status to be abolished - or at least for patients to be notified in a timely fashion of their status and given the opportunity to make a swift appeal against the decision. Some of the center's clients reported stays of up to 14 days in observation, Stein says.

What determines whether a patient is classified as an inpatient or placed under observation? Usually the call is made by the hospital, which, in many cases, may overrule the patient's own physician. But Medicare's guidelines are not clear, and many experts suggest that hospitals are placing more and more patients under observation to protect themselves against new policies that penalize hospitals for unnecessary admissions and frequent readmissions of the same patient.

Unintended consequences? In an effort to rein in spiraling costs, Medicare is now taking a tougher line with hospitals, sending auditors to investigate not only fraud but also cases in which the agency thinks that "medically unnecessary" hospitalizations have occurred. Also, to improve the quality of care, Medicare will soon start penalizing hospitals that readmit patients in less than 30 days - raising the question of whether hospitals might label people as observation patients so that they cannot be counted as readmissions if they happen to return. Cost-control measures are "perfectly understandable," says Zhanlian Feng, the Brown University study's lead author. "On the other hand,

(Continued on page 19)

those

(Continued from page 18)

policies may have unintended consequences" that affect patients adversely.

The American Hospital Association says that hospitals are placed in an untenable position. On the one hand, they risk penalties if they admit patients for short stays. Yet they anger patients who are put under observation. "Hospitals cannot win no matter how they handle the situation," the group argued in a friend-of-the-court brief.

The American Medical Association says the observation policy has caused confusion for physicians, as well. "The AMA supports rescinding the three-day stay policy, as well as counting observation care toward the [stay] ... for as long as this requirement remains in place," it said in a letter to the Medicare agency.

Meanwhile, under the status quo, hospitals are allowed to place patients in observation at any time during their hospital stay - even retroactively. Hospital staff only are required to inform patients of their status before they leave the hospital.

Avoid the trap: Consumer advocates advise patients or their families to press the hospital for information and alert their own doctors. Many primary care physicians no longer look after their own patients in the hospital - that role often is now assumed by a hospital doctor - and they are not always aware of the implications of observation. After news of the lawsuit hit the headlines, the Center for Medicare Advocacy heard from a doctor in a prominent hospital who said that until then he hadn't realized that the practice had caused any problems for patients. "He said he thought it was just a billing issue, so he hadn't paid any attention to it," Stein recalls.

Officials at the Centers for Medicare & Medicaid Services (CMS) declined to be interviewed for this article, citing the ongoing lawsuit. Meanwhile, Stein says, many patients and their families continue to be stymied by the complicated rules. Here's what you can do to help avoid big bills, however, if you, or someone you're looking out for, is placed under observation in the hospital:

- Ask about your status each day you are in the hospital. It can be changed (from inpatient to observation, or vice versa) at any time.
- Ask the hospital doctor to reconsider your case or refer it to the hospital committee that decides status.
- Ask your own doctor whether observation status is justified. If not, ask him or her to call the hospital to explain the medical reasons why you should be admitted as an inpatient.
- If, after discharge, you need rehab or other kinds of continuing care but learn that Medicare won't cover your stay in a skilled nursing facility, ask your doctor whether you qualify for similar care at home through Medicare's home health care benefit, or for Medicare-covered care in a rehabilitation hospital.
- If you go to a skilled nursing facility and have to pay for it yourself, you can try formally appealing Medicare's decision. When you receive your quarterly Medicare Summary Notice, make a copy and highlight the facility's charge. Send this to the address provided on the notice with a letter saying you want to appeal Medicare's decision of non-coverage on the basis that you should have been classified as an inpatient during your hospital stay and not placed under observation. If this is denied, you can go to a higher level of appeal, following instructions on the denial letter.

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What You Need to Know About Do-Not-Resuscitate Bracelets

The Coalition for End of Life Care reminds area residents that a Do-Not-Resuscitate (DNR) order respects the wishes of a patient by directing emergency medical technicians, first responders and emergency health care facilities personnel not to attempt cardiopulmonary resuscitation if the patient experiences cardiac or respiratory arrest. The purpose of a DNR order is to ensure that medical care provided in the emergency department and out-of-hospital settings is consistent with the patient's desire and the attending physician's authorization.

There are two types of Do-Not-Resuscitate (DNR) bracelets available to identify a person with a valid DNR order. One is a free, plastic ID bracelet that resembles a hospital identification band. The other is a metal bracelet available from MedicAlert© (1-800-432-5378; or <u>http://</u><u>www.medicalert.org</u>) for a fee. Both styles of bracelet have been used in Wisconsin since 1995 and require a completed DNR form DPH-04763 by a physician.

DNR bracelets are "an important way to ensure that every person's end-of-life decisions are known and respected," said Lori Rudolph, St. Clare Hospital's Parish Nurse Coordinator and member of the Coalition for End of Life Care.





Would you walk past a \$20 bill lying on the ground? Being eligible for FoodShare Wisconsin but not taking advantage of it is a lot like walking past \$20 or more month after month. Many are struggling to make ends meet on less and less. FoodShare could give you monthly deposits to help with buying food, thus freeing up your money for paying bills, buying medications and



other necessities.

If your household's income falls within the guidelines on the chart, call the **FoodShare Helpline** at **1-877-366-3635** to learn if you might be

eligible! It's easier than ever to apply and you can get free, confidential assistance.

Did you know...

- 2/3 of seniors who are eligible for FoodShare are NOT receiving it!
- You can own a home and car and still get help with buying food.
- Most people who only receive Social Security or Social Security and a small pension are eligible!
- The USDA estimates that for every \$5 spent in FoodShare benefits, about \$9 circulates through local businesses and to our farmers.
- Getting benefits does NOT take away from others. EVERYONE that is eligible will get benefits.

Call Second Harvest Foodbank's FoodShare Helpline at 1-877-366-3635 today!



Cop's Corner

STOP THE ENCE!

You Can Help!

Our National news has been spattered with stories of violent acts from the tragedy in Newtown to the Sikh Temple shooting right here in Wisconsin. These events are shocking us, but we need to remember that violence happens here in our communities on a very regular basis. Domestic violence, school bulling and battery of persons are too prevalent in our own back yards.

The challenge that we have as communities in rural Wisconsin is taking control back. The best way to do this is to become involved in the community and work with law enforcement. Providing law enforcement with the information may be the first crucial step to stop a violent attack. Having the conversation with our friends and family and letting all know that violence is not acceptable and we as a community are standing up against these horrible acts. Letting our children know that it is not all right to be a bully and it is their job to unite against those who cause others harm.

As enforcement agencies, every deputy and police officer in Sauk County trains for the unthinkable. We have prepared for an ongoing violent event such as these mass shootings and are prepared to respond when needed. But the best response is to not have the bad event take place, and that includes our local violent acts. Stop them before they start. That will take effort from all of us. Report problems to your local law enforcement and be part of a better community. Sauk County Crime Stoppers accepts tips at 1-888-TIP SAUK and via the web at <u>https://</u> www.co.sauk.wi.us/dept/sheriffs/ crime stopper.htm.

By: Chief Mark Schauf, Baraboo Police Sauk County's Chief's Association

The Cop's Corner has been written by a member of the Sauk County Chief's Association





Disability Benefit Specialist

Natalie Wilmot

Holly Schafer



A FEW Changes You Need to Know in 2013

Social Security payments will increase by 1.7% in 2013, for nearly 62 million (1 in 5) Americans who receive monthly Social Security and Supplemental Security Income (SSI) benefits.

Medicare Part B Premium will be \$104.90 beginning January 1, an increase of \$5.00 from the 2012 amount of \$99.90.

Paper checks will end. The U.S. Treasury will stop mailing paper checks to Social Security beneficiaries on March 1, 2013. All federal benefit recipients must then receive their payments via direct deposit to a bank or credit union account or loaded onto a Direct Express Debit MasterCard. Retirees who do not choose an electronic payment option by March 1 will receive their payments loaded onto a prepaid debit card. Most people already receive their benefit payments electronically, and new Social Security recipients have been required to choose an electronic payment option since 2011.

Social Security office hours changed. Beginning January 2, 2013, offices will close to the public at noon every Wednesday. In addition, Social Security offices nationwide will close to the public 30 minutes early each day. For example, an office that is usually open to the public Monday thru Friday from 9:00 a.m. to 3:30 p.m. will close daily at 3:00 p.m.

Management Issue: <u>Strengthen the Integrity and Protection of the Social Security Number</u>



The Inspector General for the Social Security Administration (SSA) is warning the public, and Social Security beneficiaries in particular, to be aware of fraud scams that target personal information. Scammers use phone calls, emails, and

other methods to obtain personal information, then use it to commit identity theft.

In the most recent scam, identity thieves pose as Government officials in an attempt to convince you to provide personal and financial information. They may claim to be SSA employees—or FEMA employees, in the wake of Hurricane Sandy—and ask for Social Security numbers and bank information to "make sure" that you can receive your benefits. Scammers may also claim that you have won a lottery or other prize, but you must send money to pay "fees," "taxes," or other expenses before you can claim your winnings.

Once the thieves have your personal information, they can use it to open credit accounts, buy homes, claim tax refunds, and commit other types of fraud. Most recently, some identity thieves have redirected Social Security beneficiaries' monthly benefit payments, so the money goes to a different bank account, sometimes repeatedly. Some of these scams involve pre-paid debit cards instead of traditional bank accounts.

To help prevent this type of fraud, the Inspector General recommends that you:

<u>**never</u>** provide your personal information when receiving unsolicited calls or contacts</u>

<u>never</u> agree to accept pre-paid debit cards or credit cards in another person's name

<u>never</u> agree to send or wire money to an unknown person

<u>always</u> contact your local SSA office if you receive a call from a person claiming to be from SSA, and that person asks you to provide your Social Security number or other information.

To verify the legitimacy of a caller who claims to be an SSA employee, call your local Social Security office, or Social Security's toll-free customer service number at 1-800-772-1213. Deaf or hard-of-hearing individuals can call Social Security's TTY number at 1-800-325-0778.

If you find that someone has stolen or is using your personal information, you should report that to the Federal Trade Commission at <u>www.ftc.gov/idtheft</u> or 1-877-ID-THEFT. You can report suspicious activity involving Social Security programs and operations to the Social Security <u>Fraud Hotline</u>, or by phone at 1-800 -269-0271. Deaf or hard-of-hearing individuals **can call OIG's TTY number at 1-866-501-2101**.



Did You Know These Fun Facts



About These Famous Men?

Actor **Tommy Lee Jones** and former vice-president **Al Gore** were freshman roommates at Harvard.

Al Capone's business card said he was a used furniture dealer.

Babe Ruth wore a cabbage leaf under

is cap to keep him cool. He changed it every 2 innings.

Bank robber **John Dillinger** played professional baseball.



Charles Lindbergh took only four sandwiches with him on his famous transatlantic flight

Leonardo Da Vinci invented the scissors

Mel Blanc (the voice of Bugs Bunny) was allergic to carrots.

Thomas Edison, lightbulb inventor, was afraid of the dark.







Services Available From Your Aging And Disability Specialists:

The Aging & Disability Specialists are available to provide a wide variety of services. A Specialist is available Monday thru Friday between 8:00 a.m. and 4:30 p.m. to answer a wide range of questions on the phone or with those who walk-in.

Information And Assistance:

Aging & Disability (A&D) Specialists can offer referrals to many resources, such as energy assistance, FoodShare, Medical Assistance, low income housing, rental assistance, home delivered meals and Lifeline. They also refer people to the Benefits Specialists regarding questions on insurance, Social Security or Supplemental Security Income or for assistance with an initial application for disability. A&D Specialists assist with referrals to Sauk County Department Of Human Services, Veterans Administration, Sauk County Public Health, the Tenant Resource Center (regarding landlord issues) or Legal Action. Referrals may be to St. Vincent's or Community Action for short term assistance.



Options Counseling:

Options Counseling is another service our A&D Specialists provide. Specialists meet with individuals and their families to discuss a wide range of services which may be available to them, for ex: supportive home care, respite, Lifeline, home delivered meals, transportation services or assisted living. The Specialist will discuss the public programs that may be available if they qualify or private pay options to assist them in making the best use of their own private funds.

Assessment For Family Care or Other Publicly Funded Programs:

Assessment for Family Care or other public funded programs is another service provided by the A&D Specialists. Family Care is a program which provides in-home services or helps to pay for assisted living for those who need it. A person must be found both functionally and financially eligible for this program. Specialists perform the necessary Functional Assessment and help with the Medical Assistance application. Once determined eligible the client is enrolled into the managed care organization of their choice and assigned an ongoing social worker/nurse team.

Transition Services:

A&D Specialists also work with students transitioning out of high school. The Transition Aging & Disability Specialist meets with the student, parents and the school staff to discuss services which may be available to the student as they transition from high school. The A&D Specialist will work with the family regarding a referral for guardianship if necessary. A referral may be made to the Disability Benefits Specialist if the student needs to apply for SSI or if they are already on SSI and need to complete an Age 18 Redetermination. The Specialist will assess the student for Family Care or other long term care programs and if eligible help them through the enrollment process into the managed care organization of their choice.

Memory Screening:

Memory Screening is another service our Specialists can provide. If a client or their family is expressing concern about the client's memory, a brief memory screening can be provided. The Specialist does not diagnose dementia but with the clients permission the results from the screening can be sent to their primary physician for further follow up.

Specialists also meet with individuals currently in nursing homes to discuss services which may be available to help assist them in returning to the community, either their own home with services or an assisted living. They will meet with the client and their family to talk about options, assess their eligibility for publicly funded programs and if eligible assist with enrollment into the long term care program of their choice.

Outreach And Advocacy:

A&D Specialists provide outreach to various community agencies. They can provide individual advocacy on behalf of a client in dealing with various public agencies. They can also help people to connected with the Long Term Care Ombudsman Program or for those under 60 Disability Rights Wisconsin to help provide advocacy.

Advance Directives: A&D Specialists talk with individuals about Advance Directives, provide the necessary paperwork and answer questions. This paperwork allows family members to make sure a person's wishes are followed regarding their healthcare.

If interested in any of the above mentioned services please call 355-3289 or 800-482-3710 and ask to speak with one of the Aging & Disability Specialists.



Help! You need somebody? Not just anybody?

We CAN help through A Helping Hand at Home

Could you use some help around the house with indoor chores, outdoor chores, minor repairs, or getting some respite time? The ADRC has a program for that. **A Helping Hand at Home** is a resource list of individuals *for hire* interested in providing help around the house for others. We conduct both criminal and caregiver background checks on all workers in this program before adding them as a resource. Workers referred by us are **not** employed or supervised by the ADRC.

When you request information about this program, we will send you the resource list along with a fact sheet about how to hire, interview, perform a reference check and hire a worker. We also provide information about what to do in case you have any concerns.

We are always looking for new workers, so if you or someone you know has skills doing home maintenance, experience providing personal care, or the desire to be a respite person, contact the ADRC for an application. Ask for Linda at 355-3289 to find out more about "A Helping Hand at Home."

UNIVERSITY OF WISCONSIN Baraboo Sauk County



A Campus of the University of Wisconsin Colleges

Thursday March 21 Add Learning to your Life!

A conference designed to explore new ideas, experience lifelong learning and inspire adults 55 and over.

The program includes inspiring keynote speaker Michael Lew discussing "Asset Based Community Development" and meaningful volunteerism.

You will also choose from short classes in topics such as art, history, archeology, health and fitness, natural herbal remedies, Zentangles art designs, and an introduction to the latest technology options.

Enjoy lunch at the campus dining hall with a beautiful view of the bluffs and performing arts music and drama.

This program takes place: Thursday, March 21 8:30am - 1:30pm at UW-Baraboo/Sauk County

Cost \$25 per person or \$40 per couple and includes morning refreshments, prize drawings and lunch.

Registration is required.

Call Continuing Education 608-355-5220 for a registration form.



Writing Your Memoir; From Concept to Publication

Everyone has unique experiences and stories to tell, and in this course, local author and graphic designer Mark Tully will guide you through the steps of writing and publishing your own life story. Discussion will include: why you should write your memoir, your intended audience, writing styles and stylistic approaches, fundamentals of storytelling, exercises to get your creative juices flowing, basic document layout and formatting and word processing software options, as well as options for small-run publishing of your completed memoir!

> Instructor: Mark Tully; author of more than 12 titles of historical non-fiction

Wednesdays March 6-May 1 (no class March 20) 6:30 - 8:00 p.m. Campus Library Computer Lab Fee \$99 Register by calling 608-355-5220.



Spiritual Growth Exercise Developing a Ritual



Start the year off right by developing a ritual that will add peace to your daily life.

The following activity is from a book by Doug Smith entitled *Spiritual Healing*. It suggests that you create a space in your home were you can offer your joys and concerns.

Instructions:

- 1. Designate a place in your home for quiet reflection (a coffee table, top of a dresser, etc.) and place 2 candles there.
- 2. Daily or weekly, light the candles in this order—

* The first candle should be lit and dedicated to your concerns. Take 3-5 minutes to reflect on the concerns (a worry, pain, petition, hope...).

* The second candle is then lit and dedicated to your joys. Take 3-5 minutes to reflect on the joys (a peace of mind you have, a pleasure you enjoyed, ...).

3. Repeat daily or weekly during the month and you will be on your way to developing a positive ritual for spiritual growth that can continue throughout the year(s).

By Tammy Koenecke, RN, BSN, MASL, RAMC's Spiritual Care Coordinator. If you would like information on the free programs/assistance Tammy offers please contact her at 608-768-6249. Visit ramchealth.com for more information.

This Partnership Article brought to you by:



Reedsburg Area Medical Center 2000 North Dewey Avenue Reedsburg, WI 53959 608-524-6457 www.ramchealth.com



Thank you to two anonymous donors for their donations to the publishing of AddLIFE Today!

CS

We would like to thank Dorothy Sivam for her donation to the AARP Tax Preparation program, the Disability Benefit Specialist program and the publishing of AddLIFE Today!

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Thank you to Albert E. Johnson for the donation in honor of his wife, Dorothy Johnson, to the AARP Tax Preparation program and the Helping Hand at Home program.

G

We would like to thank Ray Schuppener for the donation to the Elder Benefit program.

ß

Thank you for the donation in honor of Evelyn Young to the Home Delivered Lunch program.

G

Thank You!



Caregiver Corner

Caregivers New Pear's Resolution

In this new year, I will......

Learn to take one hour out of each day just for myself to read, enjoy a hot bath, journal my thoughts or call a friend.

 \mathfrak{A} ttend at least one caregiver support group to realize that I am not alone and that I can learn from others.

See my doctor for a physical exam and give my own health needs more priority.

Use respite care at least once a month so that I may get a break and be refreshed. I will consider using the time I have to discover the benefits of massage therapy, the joy of a musical concert, self expression in a painting class or a day at the spa to find stress relief.

Eat a balanced diet and exercise at least 20 minutes three times a week even if all I can do is walk around the house, up and down the stairs or exercise from a chair.

 \mathfrak{S} eek out one new resource to support my caregiver role such as chore services, housekeeping, home care programs or delivered meals.

 \mathbf{T} ry to find a way to laugh or find humor in the day amidst the sadness or discouragement I may feel.

Reach out to my family and friends to help with my loved one so that the weight of my responsibility can be lifted and shared. One way I can do this is to keep a list of needs handy so that when help is offered, I can be ready with an answer.

Seek spiritual support or personal counseling to gain perspective of my life, clarity of my role and keep my mental health in check.

J inally, by focusing on these resolutions, I will be able to reap the rewards of caregiving, maintain balance in my life and provide care longer for my loved one.

By: Kristine Dwyer, a Caregiver Consultant Carlton County Public Health and Human Services Cloquet, Minnesota. She is a licensed social worker certified in gerontology and is a past and current caregiver for her family.

Please join us for Coffee Hour for Caregivers Because You Care

Family caregivers face many challenges in providing care for an older loved one. Successful caregivers recognize the importance of taking care of themselves so they can continue to give quality care to their loved one.

Take a break just for you and join us on the third Wednesday of each month at 9:00 a.m. We will provide the coffee and refreshments. Come and enjoy!

> West Square Building Room 213 February 20, March 21 (Thursday), April 17, May 15, June 19

Resource information about caregiving will also be available. If finding care for your loved one during the meeting is a concern, or if you would like more information, please call 608-355-3289 and ask for Mary Jane.

Caregiver Action Network

The National Family Caregivers Association has changed it's name to the Caregiver Action Network . . . offering education, peer support, and resources for family caregivers.

Caregiver Action Network (CAN) connects caregivers to useful tools, information, and advice from fellow caregivers. The new website is interactive and allows family caregivers to access information, tools and educational materials based on the type of caregiving they are providing. The website also features a Family Caregiver Forum, where

caregivers can learn from each other and share.

Check it out at www.caregiveraction.org





Volunteer Ombudsmen

The State of Wisconsin Board on Aging and Long Term Care which provides services to protect resident rights is looking for individuals willing to serve as Volunteer Ombudsmen in Sauk County. The program will offer community residents the opportunity to serve as advocates for residents in nursing homes.

The volunteers will work in partnership with the state's Regional Ombudsman to protect the rights of residents in nursing homes. Volunteers will be trained and assigned a facility by the coordinator of the program. Volunteers will be supervised and receive ongoing in-service training to ensure excellence in service to nursing home residents.

To participate in the program an individual should be willing to volunteer at least 2 1/2 hours a week and agree to a minimum of a 6month commitment. Individuals interested in volunteering should contact Julia Pierstorff, Manager Volunteer Ombudsman Program for more information, at 608/246-7004 or 800/815-0015 or

Julia.Pierstorff@wisconsin.gov

Volunteer Ombudsman really make a positive difference in the life of nursing home residents, and is a very fulfilling experience for the volunteer. No experience is needed, just the willingness to listen and empower the elderly to get their needs met.

To find out more about the Board on Aging and Long Term Care the website address is: <u>http://longtermcare.state.wi.us</u>. Laura Geick Nutrition & Prevention Specialist

"Promoting Healthier Lives...through Nutrition Education, Physical Activity, & Prevention Programs"

Ŋ	Dining O Sched			
	Baraboo Highpointe Commons 1141 12th St., Baraboo Phone 963-3436 Lunch Served at 11:30 am			
	February 18	March 18		
	Merrin Tuesday-Th Merrimac Vil 100 Cook St., Phone 963 Lunch served at	ursday lage Hall Merrimac 3-2286		
/ ^	February 13	March 13	\wedge	
	Reedsburg Willow Heights 800 Third St., Reedsburg Phone 963-3438 Lunch Served at 11:30 am			
/	February 12	March 12	Y	
	Sauk/Pr Sauk Prairie Comr 730 Monroe St. Phone 963	nunity Cente r , Sauk City 3-3437		
	Lunch Served at February 19	March 19		
N	Spring Green Se Spring Green Se 117 S Washington Se Phone 588 Lunch served at	Green nior Center t., Spring Green 3-7800		
	February 11	March 11		

New Lake Delton Dining Center!

Spend some time relaxing with a steaming cup of coffee among friends, catching up on community news or learning something new! Come to Café Connections for a hot, delicious and affordable lunch special and stay for the day's entertainment or special programming! Reservations for lunch are appreciated! Please call 608-254-2076.

Can anyone have lunch at Café Connections?

Yes! All are welcome; however those who are age 60 or older are eligible to enjoy lunch on a contribution basis. Those who are younger than 60 years old are asked to pay full price.

How does this work?

Lunch is served weekdays, except holidays. It's easy! If you would like to dine at Howie's, just call by noon to make your reservation at least one day in advance.

While at the Café, sign the reservation list for each of the days you will be attending for the rest of the week!

Cold Weather Cures

Cold weather subjects the body to stresses that turn up all kinds of ways, like dry, chapped skin, puffy eyes, chapped lips, parched hair and brittle nails. Wear a coat and hat to stay warm, but eat well to take good care of your body from the inside out.

Prevent chapped lips and wrinkles. Omega 3 Fatty acids, found in cold water fish such as salmon and tuna, help skin retain moisture. Berries, especially strawberries, contain Vitamin C, which promotes moist, healthy skin. In a study published in the American Journal of

Clinical Nutrition, eating foods rich in vitamin C was associated with fewer wrinkles.

Hydrate nails and hair. The human body consists of about 60 percent water. Indeed water is essential to life and certainly staying hydrated is necessary to maintain good health. Drinking enough water – about eight 8-ounce glasses daily – not only helps move toxins through and out of the body quickly, it also keeps skin cells plump with moisture to prevent hair and nails from becoming dry and brittle.

Protect against sun and wind burn. Eating dark chocolate can protect your skin from damage. In a study published in the Journal of Nutrition, dark chocolate, which is rich in flavonoids, appears to promote healthy skin and even protect against skin cancer. In the study, women who added flavonoid-rich hot cocoa to their breakfast during a three month period had 25 percent less skin reddening after UV light exposure and doubled the flow of blood in the skin, raising moisture levels and reducing dryness. Beta-Carotene, found in foods such as fish liver oil, meat, milk, cheese, eggs, spinach, broccoli, cabbage, carrots, apricots, peaches, can also help prevent dry, flaky skin.

Relieve dry eyes. To soothe achy, puffy eyes eat more vegetables that have natural cooling properties. Cucumbers, celery and even sliced zucchini all have high water content, which can help moisturize eyes while reducing puffiness. Citrus fruits and berries rich in vitamin C help reduce inflammation around the eyes.

Breakout busters. The mineral zinc is known to be a powerful acne fighter, as it may prevent the hormonal imbalances that lead to outbreaks. Zinc is also important for protein synthesis and the formation of collagen, which is fundamental to healthy skin and oil control. Foods rich in zinc include: red meat, poultry, salmon, shellfish, almonds, peanuts, cashews and sunflower seeds.

Read more: <u>http://www.foxnews.com/</u> <u>health/2012/11/30/cold-weather-cures/</u> <u>#ixzz2GNcD1CnU</u>

By <u>Tanya Zuckerbrot</u> FoxNews.com



Our next *Stepping On* class is scheduled to begin on March 14 from 1:30-3:30 p.m. at the Baraboo Dining Center and will last 7 weeks. Attendance at each class is highly recommended.

Who Should Attend?

People who are:

- at risk of falling
- have a fear of falling
- who have fallen one or more times

Subjects covered include:

- Improving balance and strength, home modifications, community safety, vision, medication review, safe footwear and sleep habits.
- It is the process in which the program is taught that makes it effective. Classes are highly participative; mutual support and success build the participants' confidence in their ability to manage their health behaviors to reduce the risk of falls and to maintain active and fulfilling lives.

To find out more information or to sign up for the class please call the Aging & Disability Resource Center at 608-355-3289.

Cauliflower Mac and Cheese

Ingredients:

- 1 lb. penne (wheat)
- 1 cup milk (2% or skim)
- 1 lb. shredded cheddar cheese •
- $\frac{1}{2}$ head cauliflower florets •

Directions:

What's Cooking? 1. Bring salted water to a boil and cook the pasta until al dente. in the meantime, cook the cauliflower until soft and transfer in a blender to puree.

2. In a medium sized pan, transfer the pasta and pour the cauliflower puree in. Add the milk, cheese and season to taste.

- 3. Sprinkle chopped parsley.
- 4. Serve immediately.

Community Grief Support



Grief continues well after loss occurs and each individual experiences it in unique ways. Many find it helpful to talk with otherS going through similar experiences. Home Health United offers the following grief support options, at no cost, to anyone in the community who has experienced loss.

Hospice

Spouse/Partner Loss Group

Explores issues specific to those grieving the loss of a spouse/partner. Pre-registration is required.

A minimum of four must be registered for the group to take place.

Reedsburg Area **Medical Center**

2000 E. Dewey Avenue, Reedsburg Mondays, March 25 - April 22 6:00 - 7:30 p.m.

Spring Green **Community Library** 230 E. Monroe Street, Spring Green Tuesdays, March 19 - April 16 2:30 – 4:30 p.m.

Memorial Service

HHU partners with facilities, churches and funeral homes to plan memorial services for those who have passed away. St. John's Lutheran Church

- Prairie du Sac

In collaboration with Sauk Prairie Memorial Hospital, Maplewood Nursing Facility & St. John's Lutheran Church 100 Oak Street. Prairie du Sac Sunday, April 21 2:00-3:00 p.m.

Grief groups are added throughout the year. Visit our website at to check for new listings. www.HomeHealthUnited.org

For more information or to register for a session contact HHU – Hospice at 1-877-356-4514

Serves 4 or more.

- $\frac{1}{4}$ cup parmesan cheese
- 1 tablespoon chopped parsley
- salt and pepper to taste

	Sauk	February 201 k County Dining	13 Menu	
Monday	Tuesday	Wednesday	Thursday	Friday
				1 Pork Steak Mashed Potatoes Peas/Pearl Onions Fruited Gelatin Sliced Bread
4 Boneless Chicken Marsala Baked Potato Tossed Salad Peanut Butter Cookie Sliced Bread	5 Glazed Ham Sweet Potato Bake Cole Slaw Applesauce Dinner Roll	6 Salisbury Steak Mashed Potatoes Corn Fresh Fruit Salad Sliced Bread	7 Hawaiian Meatballs Red Skin Potatoes Mixed Vegetables Birthday Cake Dinner Roll	8 Chicken, Broccoli and Rice Casserole Green Beans Mandarin Orange Gelatin Sliced Bread
11 Country Fried Steak Mashed Potatoes Peas and Carrots Pumpkin Cake with Maple Frosting Sliced Bread	12 Meatloaf Au Gratin Potatoes Spinach Salad with Rasp. Vinaigrette Peach Slices Dinner Roll	13 Salmon Loaf Baked Potato Baby Carrots Applesauce Sliced Bread	14 Baked Chicken Twice Baked Style Mashed Potatoes Pickled Beet Salad Sweetheart Cake Dinner Roll	15 Spinach Lasagna Casserole California Blend Vegetables Petite Banana French Bread
18 Pork Jaegerschnitzel Mashed Potatoes German Cucumber Salad Butterscotch Pudding Sliced Bread	19 Boneless Chicken Teriyaki Red Skin Potatoes Chinese Ramen Cabbage Salad Fruit Cocktail Dinner Roll	20 Beef Stew (includes veg.) Corn Coconut Cream Pie Biscuit	21 Roast Pork Loin Mashed Potatoes Carrots Honeydew Melon Dinner Roll	22 Crispy Fish Fillet German Potato Salad Peas/Pearl Onions Fudge Brownie Sliced Bread
25 Baked Chicken Twice Baked Style Mashed Potatoes Copper Penny Salad Pear Slices Sliced Bread	26 Baked Spaghetti (includes veg.) Mixed Italian Salad Rainbow Sherbet French Bread	27 Ham Rolls Squash Health Slaw Pineapple Tidbits Sliced Bread	28 Swiss Steak Mashed Potatoes Mixed Vegetables Apple Pie Dinner Roll	The best and most beautiful things in the world cannot be seen or even touched - they must be felt with the heart. -Hellen Keller

March 2013 Sauk County Dining Center Menu

Monday	Tuesday	Wednesday	Thursday	Friday
	A sa	• •	good-by of winter. he equal marriage the sun and frost. John Burroughs, Signs and Seasons, 1886	1 Salmon Loaf Baked Potato Corn Fruited Gelatin Sliced Bread
4 Mushroom Pork Cutlet Mashed Potatoes Red Cabbage Apricot Halves Sliced Bread	5 Orange Glazed Chicken Breast Red Skin Potatoes Peas and Carrots Butterfinger Torte Dinner Roll	6 Liver and Onions Au Gratin Potatoes German Cucumber Salad Peach Slices Sliced Bread	7 Chopped Steak in Burgundy Mushroom Sauce Mashed Potatoes Mixed Vegetables Birthday Cake Dinner Roll	8 Macaroni and Cheese Tossed Salad Green Beans Cantaloupe Slice Sliced Bread
11 Glazed Ham Sweet Potato Bake Cole Slaw Pineapple Tidbits Sliced Bread	12 Swedish Meatballs Mashed Potatoes Spinach Salad with Rasp. Vinaigrette Egg Custard Pie Dinner Roll	13 Baked Chicken Twice Baked Style Mashed Potatoes Three Bean Salad Fruited Gelatin Sliced Bread	14 Roast Beef Baked Potato Baby Carrots Sweetheart Cake Dinner Roll	15 Seafood Creole over Brown Rice Peas/Pearl Onions Petite Banana Sliced Bread
18 Corned Beef Round Red Potatoes Cabbage & Carrots Grasshopper Torte Sliced Bread	19 Pork Steak Mashed Potatoes Pickled Beet Salad Applesauce Dinner Roll	20 Meatloaf Escalloped Potatoes Corn Butterscotch Pudding Sliced Bread	21 Chicken Breast Mashed Potatoes Peas/Pearl Onions Apricot Halves Dinner Roll	22 Crispy Fish Fillet Baked Potato Mixed Vegetables Coconut Cream Pie Sliced Bread
25 Salisbury Steak Mashed Potatoes Wax Beans Cantaloupe Slice Sliced Bread	26 Baked Chicken Twice Baked Style Mashed Potatoes Copper Penny Salad Spice Cake Dinner Roll	27 BBQ Pork Cutlet Red Skin Potatoes Corn and Black Bean Salad Fruited Gelatin Sliced Bread	28 Creamy Chicken W/ Spinach Penne Mixed Italian Salad Pecan Pie Dinner Roll	29 Closed to observe Good Friday

For *AddLIFE Today!* questions or comments, please contact Cathy Bindl at 355-3289 or email at cbindl@co.sauk.wi.us.

If you know of someone who would enjoy receiving *AddLIFE Today!* Newsmagazine - Let us know! Do you have a family member or friend who cannot read the *AddLIFE Today!* because of poor eyesight? *AddLIFE Today!* is also available on cassette tape. For more information, please call the ADRC office at (608) 355-3289 or (800) 482-3710.

In an attempt to reduce the increasing costs of returned issues, please contact us if you are going on vacation, or are moving, or if you want to be removed from this mailing list.

AddLIFE Today! is also available on the county website at <u>www.co.sauk.wi.us/adrc_</u>Would you prefer to receive an electronic copy of future issues? Please e-mail the editor at cbindl@co.sauk.wi.us We will email the latest AddLIFE Today!. Thank you for helping us reduce postage costs as well as the amount of paper generated!

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Answer to Brainteaser



The hidden message is: CAMARADERIE

Donation Designation Form

I want to help the Aging & Disability Resource Center of Southwest Wisconsin - Sauk County Satellite to continue it's mission and dedication of service to older adults and individuals with disabilities and their families.

Please designate this donation:

In Memory of _____ or

In Honor of _____

I want my donation to go to the following program(s):

[] AARP Tax Preparation Program] AddLIFE Today! Publishing Care for the Caregiver Program Caregiver Support Programs Dining Center Program Disability Benefit Specialist Program [] Eat Better, Move More Program] Elder Benefit Specialist Program [] Foot Care Clinics | Helping Hand at Home Program Home Delivered Lunch Program Home: Safe & Sound Program Information & Assistance Programs Living Well with Chronic Conditions **Outreach** Programs Prevention Programs 1 Promoting Health Programs Tele-assure Program The Bus Transportation Programs Turning 65/Retirement Workshops Volunteer Programs Kindly make your check payable to: "ADRC" 505 Broadway, Room 102 Baraboo, Wisconsin 53913





This ADRC Brainteaser was provided by: Oak Park Place * 800 Waldo St, Baraboo 608-355-4111

www.oakparkplace.com

FRIENDSHIP

Find and circle all the hidden words. The remaining letters spell an additional word related to friendship

ACQUAINTANCE	COMPANION	HONESTY
AFFECTION	COMRADE	KINSHIP
AFFINITY	CONFIDE	LEND
ALLY	EMPATHY	LOYALTY
AMIGO	FAVOR	PAL
AMITY	FONDNESS	ROOMMATE
BOYFRIEND	FRIENDLINESS	SHARE
BUDDY	FUN	SUPPORTIVE
CHUM	GIRLFRIEND	SYMPATHY
CLOSENESS	GOOD TIMES	TRUST

R D С B С Μ D K С С A 0 F S А Ν E 0 0 0 I R G S D Y 0 А N Y Е Т N Е E Μ Μ Т T N Е Н L I F F V R Р E Ν L A L T S М R Μ R I Ν Е Ν Α А A I A Н Α Α F Μ D D Μ D Т S Р E Ν Р L 0 Е Е B L T 0 R Μ I F F R Р Т 0 Е Т R 0 U I L Y N 0 F I R Е С Р A D Ν С Α S Y H S N G D Е L 0 Y L Т Y S Р U R R A Т Y S G 0 0 D I Μ Е S R U Ι 0 S С 0 E S Т S V U Μ Н Ν Y F н Е С U Q ſ U Е А Т Α Α Y Η Т A Р Μ Е S S Е Ν D 0 F N