



## JANUARY 2025 NEWSLETTER

517 Court Street, Room 201, Neillsville WI

866-743-5166 (toll free) or 715-743-5166

<https://www.clarkcountywi.gov/adrc>

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### **Welcome to 2025 From Clark County ADRC!**

Happy New Year! We hope your holiday season was filled with warmth and joy. As we embark on another year, the Aging and Disability Resource Center is excited to bring you valuable information, engaging events, and essential resources to support our vibrant community.



From educational programs and caregiver support to nutrition services and social opportunities, we look forward to serving you in 2025. Be sure to check out upcoming activities, such as Lunch and Learns, caregiver classes, and fun workshops, in this Newsletter and on Facebook.

### **AARP Foundation Tax-AIDE**

AARP Foundation Tax-Aide volunteers will be providing in-person tax preparation to Clark County area residents, with a focus on taxpayers who are over 50 and have low to moderate income.

This free program is funded by AARP Foundation and the Internal Revenue Service and supported locally by Clark County ADRC. Local volunteers, who are trained and IRS-certified, will prepare and then electronically file Federal, Wisconsin and Homestead Credit tax returns.

The February 2025 Newsletter will have additional information and instructions on scheduling appointments.

# Thank You

We are incredibly grateful for everyone who donated their time, resources, and generosity to help make this holiday season brighter for those in need. Whether you contributed food, gifts, money, or simply shared kindness, your efforts have brought warmth and joy to our community.

Your support reminds us of the power of giving and the strength of coming together. From the bottom of our hearts, thank you for making a difference.

Wishing you and your loved ones a holiday season filled with peace, love, and happiness!

## Emergency Preparedness Day Recap!

The Aging & Disability Resource Center was honored to be part of Emergency Preparedness Day at the Colby Library!

Our Dementia Specialist shared invaluable insights on being prepared when living with someone who has dementia.

We're proud to have partnered with the **Clark County Health Department** and several other amazing agencies to bring this event to the community.

Pictured: ADRC Board Chairman, **Tom Bobrofsky**, at our booth, spreading the word about all the ways the ADRC can assist you. Thank you to everyone who stopped by!



# Start the New Year with Lunch & Learn in Neillsville

The ADRC is excited to kick off 2025 with a **Lunch & Learn event** at Sunset Apartments in Neillsville! Mark your calendar for **January 28th at 10:30 a.m.** and join us for an educational session on a topic that's sure to inform and inspire.

Following the presentation, participants can enjoy a delicious meal and take the opportunity to connect with friends, both new and old. It's a wonderful way to learn something new while fostering community connections.

The suggested contribution for the meal is **\$4.50**, but rest assured, no one will be turned away for inability to pay.

Keep an eye out for sign-up information on Facebook or flyers. You're also welcome to give us a call anytime.

## Here are some tips for keeping warm when the temperature drops outside:

- Check the weather forecast for windy and cold days. A heavy wind can quickly lower your body temperature — try to stay inside or in a warm place.
- If you must go out on windy, cold, or damp days, don't stay outside for long.
- Let others know when you're planning to spend time outdoors and carry a fully charged mobile phone.
- Keep warm blankets and extra cold-weather clothing in your car.
- Wear a hat, scarf, and gloves or mittens to prevent loss of body heat through your head and hands. Also consider using disposable or rechargeable hand- and foot-warming products.
- Wear warm and loose layers of clothing. The air between the layers helps to keep you warm.
- Wear a waterproof coat or jacket if it's snowy or rainy.
- Change out of damp or wet clothes as soon as you can.



# Explore, Learn, and Connect:

## Join Us at the Library

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### Granton

Bring Your Own Book Club (Adults)	January 9	6:00 pm
Craft Night for Adults	January 23	5:30 pm
Snowflake Garland		
Puzzle Competition Adult/Family	January 30	5:30 pm

### Greenwood

Mosaic Crochet	January 3, 10 & 17	5:00—6:00 pm
Branching Out Book Club	January 6	6:30 pm
Recipe Round Up	January 10	11:00 am
Adult Games	January 15	1:00—4:00 pm
Coffee Talk Book Club	January 17	10:30 am
Live & Learn	January 21	10:30 am

### Loyal

Showing White Bird (movie)	January 4	1:00 pm
Game Group	January 6	1:00 pm
Golden Agers Gab & Gobble	January 14	10:30 am

Know Your Homeowners Insurance—60+ may stay after for nutritious meal for a suggested \$4.50 donation. You will not be turned away if you are unable to pay. RSVP for lunch by Dec. 10 by calling 715-255-8189.

Card Stamping with Charlene	January 20	2:00 pm
\$10.00 to make 3 cards. RSVP by January 17th.		
Book Club	January 16	7:00 pm
Someone Else's Shoes by Jojo Moyes		
Book Club	January 28	1:30 pm
Someone Else's Shoes by Jojo Moyes		



# Ask The ADRC

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**Q:** I have been diagnosed with a condition/impairment, and I want to know if I qualify for disability?

**A:** There are several factors that apply when looking at disability benefits. Some factors that are taken into consideration prior to even looking at the medical evidence are:

1. Whether or not the applicant has enough work credits or if they have any work history at all
2. Is the applicant currently working or how long ago have they stopped working
3. How much (if any) income do they currently have
4. Marital status
5. Available assets
6. Potentially other non-medical criteria not listed here.

Once they review this information to see if the applicant is eligible, then the case is sent to the Disability Determination Bureau. This agency reviews the medical evidence to support the disability claim. They gather records from medical providers, in addition to vocational records and any other evidence to support the client's claim.

In short, the ADRC Disability Benefit Specialist cannot help someone determine if they will or will not qualify for disability. However, the Benefit Specialist can review medical diagnosis, vocational records, and other evidence to see if someone has merit in their claim. They can discuss any discrepancies that may result in a denial of benefits. They can also help explore other programs and benefits that may assist the individual with finding employment that can be modified to fit their needs/limitations.

If you want to know more about the disability application process, please reach out to the ADRC and the Benefit Specialist can look at what options and benefits are out there to better serve you !



## What is an Information & Assistance Specialist?

Our Information and Assistance Specialists are knowledgeable about a wide variety of programs and services available to help meet the needs of individuals. They will assist you in exploring possibilities, reviewing available resources and offer guidance to enable you to make your own choices for living a rewarding and meaningful life, now and in the future. These specialists provide options counseling when looking at long term care, carefully explain options to determine what is the best for you.



Our information and Assistance Specialists are available by phone, an appointment in the office or in your home. We listen to you and your unique situation, focusing on identifying needs, preferences and support.



Give us a call at 715-743-5166. We are happy to help you navigate our resources!

## Support the Clark County ADRC Newsletter

We are sincerely grateful for the continued support from our readers. Your donations towards postage costs have been invaluable in helping us deliver this newsletter to you.

If you would like to contribute, please make a check payable to **ADRC Newsletter** and mail it to:

### **ADRC of Clark County**

517 Court Street, Room 201  
Neillsville, WI 54456

For those who are not currently receiving the newsletter by mail but would like to, please include your name, address, and a note indicating that you'd like to start receiving it along with your check.

Thank you for your generosity and support!

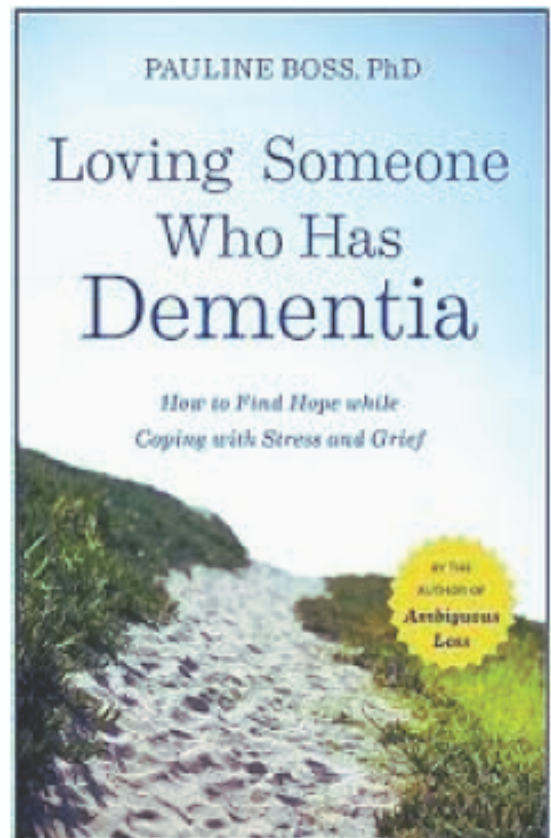




# Virtual Book Club

*Loving Someone Who Has Dementia*, is a guidebook designed for caregivers, family and friends of someone impacted by dementia. Providing strategies for managing ongoing stress and grief; while offering hope. Books will be provided.

**Wednesdays**  
**January 8 - March 5**  
**3:00 pm - 4:00 pm**



**Registration and email required**  
**Contact the ADRC at 715-743-5251**

# DEMENTIA P.A.C.T.

## Positive & Assertive Caregiver Training



JOIN US FOR FREE QUARTERLY TRAININGS TO INCREASE YOUR SKILLS AS A CAREGIVER. ALL TRAININGS WILL BE HELD AT  
**ASPIRUS STANLEY HOSPITAL FROM 10AM - 11:30AM**

### RESPIRE CARE ASSOC OF WISCONSIN FEBRUARY 11

Learn more about the value of respite care and the funding that may be available to help pay for it.

### DEMENTIA & HOME SAFETY AUGUST 12

learn about low tech and high tech solutions to keep your loved one safe at home

### STAGES OF DEMENTIA MAY 13

Determine roughly what stage of dementia your loved one is in and how to best support them

### HOW TO SPEAK DEMENTIA NOVEMBER 11

Learn tips and strategies to improve communication and decrease frustration

Join Carla Berscheit and Hannah Quicker, Dementia Care Specialists to gain knowledge, understanding and resources. Attend one or all of the trainings.

Registration is required.



715-644-6153



[Diane.Finn@aspirus.org](mailto:Diane.Finn@aspirus.org)



# Boost Your Brain and Memory Class

**Mondays**

**January 6 – February 17, 2025**

**12:00-1:00 p.m. Virtually**

Join us from the comfort of your home. Boost Your Brain and Memory Class is a unique program that takes a holistic approach to improving brain health in older adults. Participants will learn new habits to maintain brain health while practicing new skills for better memory performance. Participants will be mailed materials and view videos during each session.

The seven-session consecutive class is free  
Class will be held on 1/6, 1/13, 1/20, 1/27, 2/3, 2/10, and 2/17.

**Please RSVP online at the Aging & Disability Resource Center,  
[www.adrcconnections.org/registrations](http://www.adrcconnections.org/registrations)**

**Be sure to include your email and you will receive the link to join.**

**For questions call: 715-537-6225.**



# 65+ COVID VACCINE RECOMMENDATION CHANGE

Those aged 65 years and older should receive two doses of COVID-19 Vaccine (2024-2025 Formula) separated by 6 months, regardless of vaccination history. The second dose may be administered as soon as 2 months after the first dose.

The Clark County Health Department (CCHD) strongly encourages you to reach out to your Healthcare provider or a pharmacy to schedule a vaccine appointment.

The CCHD is currently out of COVID vaccines, but may order additional doses if a sufficient number of individuals request a vaccine.

**To request a vaccine, please call the  
CCHD Immunization Hotline: 715-743-5292.**

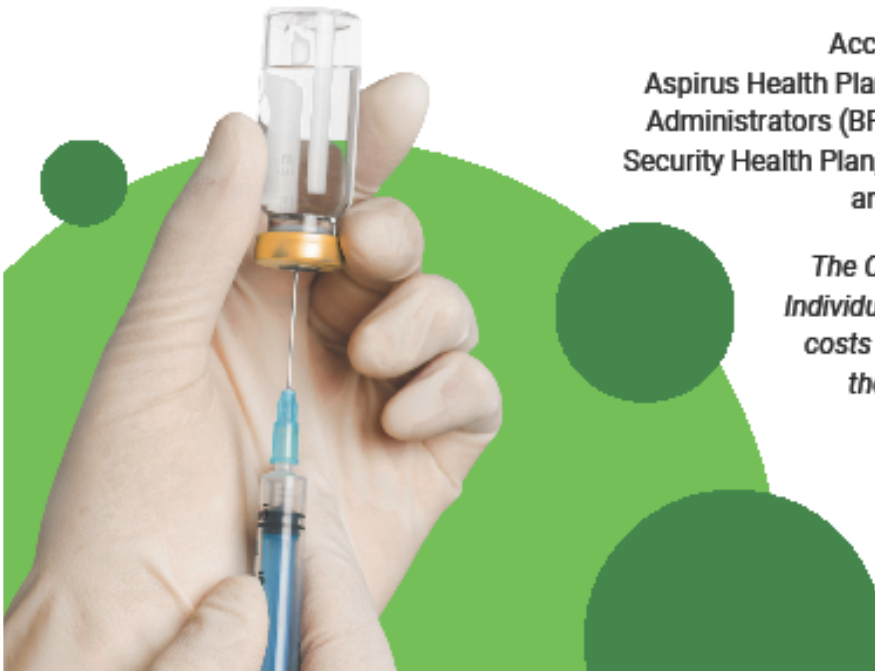
#### Accepted Insurance Plans:

Aspirus Health Plan, Blue Cross Blue Shield, Benefit Plan Administrators (BPA), Medicaid/Badgercare+, Medicare, Security Health Plan, Security Administrative Services, UMR, and United HealthCare.

*The CCHD will bill the above insurance plans. Individuals will be held responsible for paying any costs associated with receiving a vaccine(s) if their insurance carrier denies payment.*



Clark County  
Health Department





Extension  
UNIVERSITY OF WISCONSIN

# Strength Training Class StrongBodies

LIFTING PEOPLE TO BETTER HEALTH



STRONGBODIES

## Benefits of Strength Training:

- ◆ **Reduced risk for chronic diseases:**
  - ◆ Diabetes
  - ◆ High Blood Pressure
  - ◆ Heart Disease
  - ◆ Osteoporosis
  - ◆ Arthritis
  - ◆ Some Cancers
- ◆ **Increased:**
  - ◆ Strength
  - ◆ Muscle mass
  - ◆ Bone density

## UPCOMING 2024/2025 CLASSES

- Greenwood 12 week classes-Starts January 7th-Tues/Thurs- 11:00-12:00PM
- Granton- TBD
- Loyal-11 week classes- Starts February 17th-Mon/Thurs- 9:30-10:30 AM
- Colby- 8 week classes- Starts January 7th-Tues/Thurs-9:30-10:30 AM
- Dorchester- 10 week classes- Starts February 4th-Tues/Thurs-11:00-12:00PM
- Owen-TBD

**Suggested Contribution: \$20**

Please contact the UW-Extension office to register:

517 Court Street, Room 104

Neillsville, WI 54456

Phone: 715-743-5121

**ENTER TO WIN!**

**COMPLETE & SUBMIT A  
VOLUNTEER DRIVER  
APPLICATION FOR A CHANCE TO  
WIN 1 OF 3 PRIZES**

CONTACT OUR OFFICE BY PHONE AT (715)743-5233  
OR STOP BY OUR OFFICE 517 COURT STREET, ROOM 502  
NEILLSVILLE, WI 54456

PICK & CHOOSE YOUR SCHEDULE  
PICK & CHOOSE NUMBER OF HOURS YOU VOLUNTEER  
PICK & CHOOSE YOUR ROUTES  
MONTHLY MILEAGE REIMBURSEMENT

**VOLUNTEER**

**WITH US!**

# Cabbage Soup

## Ingredients

3 Tbsp. olive oil

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1 medium yellow onion, chopped

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2 medium carrots, sliced

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1 tsp. salt

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1/2 tsp. ground black pepper

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1/2 tsp. ground fennel seeds (optional)

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1 small (2-lb.) head green cabbage, chopped

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4 garlic cloves, chopped

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4 c. vegetable broth

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2 (15-oz.) cans diced tomatoes, undrained

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2 bay leaves

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2 (15-oz.) cans white beans, drained and rinsed

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Chopped parsley, for serving



## Directions

In a large Dutch oven, heat the olive oil over medium heat. Add the onion, carrot, salt, pepper, and fennel seeds, if using.

Cook, stirring occasionally, until the vegetables are slightly softened, 5 to 7 minutes. Add the cabbage and garlic to the pot and stir to combine. Cook, stirring occasionally, until the cabbage is slightly softened, about 5 minutes.

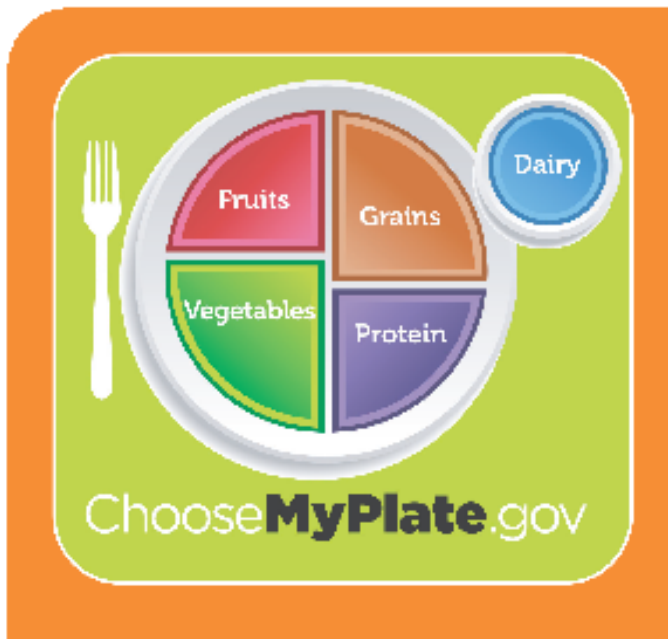
Add the broth, tomatoes, and bay leaves. Bring to a simmer; cover, and cook until the cabbage is tender, about 15 minutes. Stir in the white beans and simmer, uncovered, for 5 minutes. Remove the bay leaves.

Serve in soup bowls topped with parsley.

## HOME DELIVERED MEALS SEVERE WEATHER INFORMATION

**For Weather Updates:** Unlike school closures, which may vary by location, we will make the decision about meal delivery based on local weather observations and meteorologist recommendations. When cancellations occur, we will announce it on the following stations:

- **Facebook Message**
- **Radio:** WCCN 1370 AM / 107.5 FM, WAXX 104.5, WKEB 99.3 FM
- **Television:** WEAU, WAOW, and WSAW
- You can also call the **Clark County ADRC at 715-743-5166** for updates.



# Choose MyPlate for a Healthy Meal

MyPlate (<https://www.myplate.gov/>) provides a visual guide of how many servings of each food group you should eat each day. To ensure you eat plenty of rich-nutrient foods, plan your meals to include a variety of food groups. foods, try to plan your meals to include a variety of foods.



## Fruits

### FOCUS ON WHOLE FRUITS

- Try to eat 2 servings each day.
- Fruit can be fresh, canned, frozen, or dried.
- Fruit can be whole, cut-up, pureed, or cooked.
- One serving is equal to 1 cup of raw or fresh fruit, half a cup of dried fruit, or 1 cup of 100% fruit.



## Vegetables

### VARY YOUR VEGGIES

- Try to eat 2 to 3 servings each day.
- Vegetables can be raw or cooked and fresh, frozen, canned, or dried.
- Vegetables can be whole, cut-up, or mashed.
- One serving is equal to 1 cup of raw or cooked veggie or 2 cups of leafy greens (like spinach).



## Protein

### VARY YOUR PROTEIN ROUTINE

- Try to eat 5 to 6 ounces each day.
- One serving is equal to ¼ cup of beans, lentils, or nuts, 1 ounce of meat, 1 egg, or 1 tablespoon of nut butter.
- Choose meat and poultry products that are lean or low in fat, like 93% ground beef or chicken breast.



## Grains

### MAKE HALF YOUR GRAINS WHOLE GRAINS

- Try to eat 5 to 9 ounces each day.
- Any food made from wheat, rice, oats, cornmeal, barley, or another cereal grain is a grain food.
- Grains are either whole grains or refined grains.
- Of the grains you eat, try to make at least half of them whole grains.
- If you eat refined grains, choose to eat grains that are "enriched" with important vitamins and minerals.
- One serving is equal to a 1-ounce portion.



## Dairy

### MOVE TO LOW-FAT OR FAT-FREE DAIRY

- Try to eat or drink 3 servings each day.
- A serving is equal to 1 cup of milk, soy milk, or yogurt or 1 ½ ounces of hard cheese.



Department of  
Aging

aging.ohio.gov



# Mom, By Rita Dichele

I was a family caregiver for ten years to the most wonderful mother ever. She was beautiful, witty, and extremely articulate. Sadly, Mom died in the summer of 2015. It wasn't sudden but rather expected. Even though it was expected, it left a huge void in my life. Initially, I found myself wandering our apartment wondering what to do now!

For ten years Mom would wake up and ask me, "is the coffee ready"? She always loved her coffee and had a hard fast rule that no one was to talk to her until she had at least one cup. I can remember as a child avoiding Mom until she had that first java. Until the day she died, I let her drink her coffee in peace before letting her know our schedule for the day.

Typically, our day was filled with a lot of talking. We would hang out discussing world events and politics trying to solve everyone else's problems. Somehow, we smugly agreed that everyone had problems except us!

Mom and I would joke a great deal and every morning I would ask her if she lost any more marbles. Of course, she had some witty response such as "not today because I feel them rolling about" or "a few because my head feels lighter" or still "none left to lose". Mom and I indeed were funny together. Mom would blow out the LED candles, and I would water the artificial plants!

Mom had severe short term memory issues. However, she was able to reason and rationalize. Her geriatrician had diagnosed her with Alzheimer's, but I wasn't sure I agreed with this diagnosis. Nevertheless, Mom would ask me several times a day what the date was. In fact, she could be downright unrelenting. By the end of the day, I had a signal to give her when it was too much. I would pull my hair straight on top. "Oh...I guess I asked once too many times." She would say in her sweet demure voice. Now, how could I be upset with her? Frustrated, yes; but never angry!

Mom was a champion debater in college and until her death could debate any topic; sometimes debating both sides just for the heck of it. She could tell you dating back to Roosevelt the strengths and weaknesses of each of the presidents during her lifetime. In fact, once she got on a roll, you did not want to challenge her.



## Mom, By Rita Dichele



She was also extremely bright. One time she was in a skilled nursing facility and the social worker gave her a mental status exam. Mom was asked her room number. Now, this was a difficult question for a woman who within a matter of seconds could forget what you told her. However, she was able to tell the social worker approximately what the number was. She said, "Well, it is either 35 or 37 because the rooms across the hall are 36 and 38. I could be more definite if I knew which way you walked down the corridor to my room." The social worker turned to me in utter amazement completely blind sighted by her answer.

One time in rehab, I asked mom what she wanted the nurse to do if she choked on a piece of candy. Did she want DNR or the Heimlich maneuver? Mom as her typical witty and spontaneous self said, "I would want her to take it out of my mouth and then give it back to me so that I could continue to enjoy my candy."

The last year of mom's life was hard on both of us. She got cancer and required chemo and radiation. She was a real hoot when she received her treatments. When she got to chemo, she couldn't understand why there wasn't any food available. As her dutiful daughter, I would rush to the cafeteria to get food. She ate the food as the drugs entered her veins. She never threw up during any of her chemo treatments.

The radiation treatments were a little harder to endure. Mom was required to wear a specially made hat and lie on a metal slab that hurt her tiny frail body. However, we had a pack and agreed that sometimes "we just have to do what we have to do," and she would subsequently lie down on the table. Her courageousness outshined my lack of courage as I held my tears back. Once the treatment was over mom would tell all of us that "if I remembered what this was like I would never return each day." She had us all in stitches, making a lasting impression on everyone in the oncology radiology department.

Nevertheless, going to radiation every day wore both of us out. I had much difficulty getting her to the radiation department on time for her appointments. I used to say to mom, "it is easier to get a donkey backwards down the stairs than to get you to walk down the stairs forward." She would respond, "At my age I don't understand why I have to be on time for any appointment." Finally, I would laugh with her and ask her if we were going to leave like lambs or lions. Oh, I miss those days!

# Mom, By Rita Dichele

During that last year of her life, she also got the flu, bronchitis, pneumonia, and broke a hip. In fact, we both had the flu and were in the E.R. together and subsequently hospitalized at the same time. Mom eventually broke her hip when I was in the hospital with pneumonia. However, she never complained. Although, she didn't understand why she was in pain and pinched a nurse who she felt was attacking her by making her unbearable pain worse.

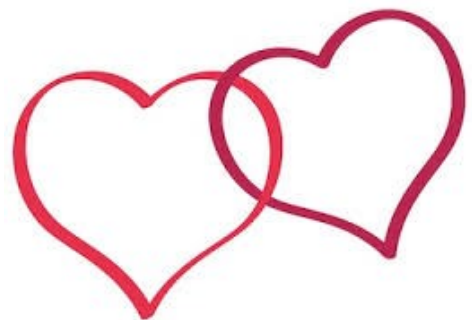
Eventually, mom received hospice care in our home. As she neared death, she was hallucinating most likely from the morphine she received and lack of proper nourishment. She still was silly, and her wit never wavered right until the end. She kept asking me "who's your father?" I would laugh and say, "Mom is there something you forgot to tell me?"

In the end, Mom could no longer walk; but remained feisty, trying to get out of bed. "I have to go find Rita." Hearing her say that broke my heart. She did, however, tell me that she loved me before lapsing into a coma.

As she remained in her coma, she breathed heavily. I wiped the bile from her mouth. I bathed her carefully and made sure the blankets remained tucked in the bed. I placed all her stuff animals in her bed that she loved. I played classical music in her room. I kept telling her it was okay to go and that the angels were circling, waiting to take her to heaven. Finally, I placed my angel statues in her bed.

Mom died in my arms, and it was a beautiful death. I had awakened from a sound sleep and felt an urging sensation to go into her room. She never opened her eyes, but the heavy breathing stopped. I hugged her tightly and she took her last three breaths. She was gone.

So... life continues for me, and the void has lessened. It is not anymore "what to do now" but rather "what to accomplish in my mom's honor".



# Winter Weather Wandering Prevention

Source: Alzheimer's Foundation of America

Cold temperatures, freezing wind chill and snow and ice are common in many parts of the country during the winter months, but they can pose an added danger to individuals living with Alzheimer's disease or other dementia-related illnesses who are prone to wandering, a common behavior associated with these illnesses.

"Someone with a dementia-related illness who wanders can quickly become disoriented, unable to return to safety or not know how, or who, to call for help. Freezing winter temperatures make these situations even more dangerous," said AFA President & CEO Charles J. Fuschillo, Jr. "By being proactive, family caregivers can help lessen the chances that their loved one will wander and ensure that they are better prepared to react quickly if an incident occurs."

## What caregivers should watch for

Wandering often stems from an unmet need or desire for purpose and is sometimes a form of communication (individuals may have difficulty expressing themselves with words as the disease progresses). Issues to watch out for include:

- confusion
- social disengagement
- boredom or pain
- hunger or thirst
- in need of a restroom
- anxiety
- emotional distress
- searching for something from the present or past



# Winter Weather Wandering Prevention Continued

Source: Alzheimer's Foundation of America

## What caregivers can do

Pay attention to the individual's patterns (frequency, duration, time of day, etc.), and prepare activities that can be used to redirect their attention, as needed.

Provide opportunities for socialization and engagement for the individual. Keeping busy can help to stimulate and engage. Consider recreational or other therapeutic activities, such as art or music.

Ensure the person's basic needs (food, beverages, restroom, etc.) are met.

Use medical identification bracelets, necklaces, and tracking devices for monitoring.

Install electronic chimes or doorbells on doors so someone is alerted if the Individual tries to exit; but be mindful of how this alert can impact the individual.

Reduce environmental stimuli, such as loud noises or crowds, which can be disorienting.

## How to be prepared

Know the individual's past and present favorite spots in the area. In the event they wander from home, this will help when looking for them.

Ensure current photographs of the individual and their medical information are available.

Check to see if your municipality has a Project Lifesaver program, designed to protect and quickly locate individuals with cognitive disorders. Project Lifesaver uses locating devices to aid in the search and rescue of individuals.

Familiarize yourself with your state's public alert (Silver Alert) service, a notification system that broadcasts information about missing persons—especially individuals with Alzheimer's, dementia or other cognitive disorders—in order to solicit aid in locating them. Understand how to contact your police department and how to call 911 in an emergency situation.

Keep a list of local hospitals in case the individual is admitted to one.

Know the individual's phone carrier and number to track them by phone.



# Navigating the Upcoming Medicare General Enrollment Period and the Medicare Advantage Open Enrollment Period

*By the GWAAR Legal Services Team*



In January 2025, two important annual Medicare enrollment periods will kick off: the Medicare General Enrollment Period (GEP) and the Medicare Advantage Open Enrollment Period (OEP). It is important that consumers understand the GEP and Medicare Advantage OEP so that they can make good choices for their health care.

Let's discuss each in turn:

## **Medicare General Enrollment Period:**

Each year, from January 1 through March 31, the Medicare GEP provides individuals with the opportunity to sign up for Medicare Part B if they did not already enroll during their Initial Enrollment Period (IEP) or during a Part B Special Enrollment Period. Beneficiaries who have to pay a premium for Medicare Part A are allowed to sign up for Part A during the GEP if they did not enroll during their IEP. Most people do not have to pay a premium for Part A and can enroll in it at any time after they become eligible for Medicare. Individuals who sign up for Part A or Part B during the GEP may have to pay a penalty for late enrollment.

When a person signs up for Part A or Part B during the GEP, their coverage begins the first day of the following month. So, if someone signs up for Medicare Part B in February, their coverage would start on March 1.

If a person has to pay a premium for Part A and they sign up for Part B during the GEP, they can also join a Medicare Part D drug plan after they sign up for Part B. They will have 2 months to join a drug plan after signing up for Part B. Their drug coverage will start the month after the plan receives their enrollment request.

If an individual already has Part A coverage and signs up for Part B for the first time during the GEP, they can also join a Medicare Advantage Plan. Their coverage will start the first day of the month after signing up for the Medicare Advantage Plan.

Special Note: If the GEP ends on a Saturday, Sunday, or legal holiday, Social Security will allow beneficiaries to [enroll at its offices the following Monday \(or first regular workday\)](#). In addition to in-person enrollment, Social Security will honor a written enrollment request, as long as it is stamped by the last day of the GEP (March 31).

# Navigating the Upcoming Medicare General Enrollment Period and the Medicare Advantage Open Enrollment Period Continued

*By the GWAAR Legal Services Team*

## Medicare Advantage Open Enrollment Period:

January 1 through March 31 is also the annual Medicare Advantage OEP. This is a time when someone who already has a Medicare Advantage Plan can switch to a different Medicare Advantage Plan, with or without drug coverage. An individual can also drop their Medicare Advantage Plan and go back to Original Medicare. If they return to Original Medicare, they can also join a Medicare Part D drug plan.

An individual can only make one change during the OEP, and any changes they make will be effective the first of the month after the plan receives their request. If a person is returning to Original Medicare and joining a separate Medicare Part D drug plan, they do not have to contact their Medicare Advantage Plan to disenroll. The disenrollment will happen automatically when they join the drug plan.

Note that certain actions **cannot** be taken during OEP.

These include:

- An individual who does not already have a Medicare Advantage Plan on January 1 cannot enroll in one for the first time during OEP. So, for example, a person with Original Medicare cannot switch to a Medicare Advantage Plan during the OEP.
- Individuals with special types of Medicare plans, such as Medicare Savings Accounts, cost plans or Programs of All-Inclusive Care for the Elderly (PACE), cannot make changes, including dropping their plan or switching to a different plan, during OEP.
- Individuals with Original Medicare cannot join a separate Medicare drug plan during OEP.
- Persons with a stand-alone Medicare prescription drug plan cannot switch or drop their Part D plan during OEP.



# Medicare Costs for 2025

*By the GWAAR Legal Services Team*

The Centers for Medicare & Medicaid Services (CMS) recently released the 2025 premiums, deductibles, and coinsurance amounts for Medicare Part A and Part B as well as the 2025 income-related monthly adjustment amounts for Part B, Part B-ID, and Part D.

## Medicare Part A Costs

Most Medicare beneficiaries do not have a Part A premium because they paid Medicare taxes while working for long enough to qualify for premium-free Part A. This usually means they worked for at least 10 years. People who do not qualify for premium-free Part A may be able to buy it by paying a monthly premium. In 2025, the premium will either be \$285 or \$518 each month, depending on how long a beneficiary or beneficiary's spouse worked and paid Medicare taxes.

Part A covers inpatient hospitalizations, skilled nursing facility care, hospice, inpatient rehabilitation, and some home health care services. The Part A inpatient hospital deductible covers the first 60 days of inpatient hospital care in a benefit period. Beneficiaries must pay a coinsurance amount for additional days of hospital care. For skilled nursing facility care, beneficiaries do not pay anything for the first 20 days, but they must pay a daily coinsurance for days 21 through 100. In 2025, these costs will be as follows:

- Inpatient hospital deductible: \$1,676
- Daily hospital coinsurance for 61st-90th day: \$419
- Daily hospital coinsurance for lifetime reserve days: \$838
- Skilled nursing facility daily coinsurance for 21st-100th day: \$209.50

## Medicare Part B Costs

Part B covers physicians' services, outpatient hospital services, some home health care services, durable medical equipment, and some other services that are not covered by Part A. In 2025, beneficiaries enrolled in Part B will pay a monthly premium of \$185. In addition, they will pay an annual deductible of \$257.

Individuals whose full Medicare coverage ended 36 months after a kidney transplant and who do not have other insurance that covers immunosuppressive drugs, may enroll in the Part B Immunosuppressive Drug (Part B-ID) benefit. This benefit only covers immunosuppressive drugs. It does not cover any other items or services. In 2025, beneficiaries enrolled in Part B-ID will pay a monthly premium of \$110.40.



# Medicare Costs for 2025 Continued

*By the GWAAR Legal Services Team*

## Income-Related Monthly Adjustment Amounts for Part B, Part B-ID, and Part D

Beneficiaries who are on Medicare and who have higher incomes may have to pay a higher monthly premium amount for their Part B, Part B-ID, and prescription drug coverage. These higher premiums are called “Income-Related Monthly Adjusted Amount” (IRMAA). Fewer than 5 percent of people with Medicare will pay an IRMAA, so most people are not affected.

Whether a beneficiary must pay an IRMAA depends on the beneficiary’s tax filing status and yearly income from two years ago. That means that in 2025, an IRMAA will be based on the beneficiary’s 2023 tax return, as shown in the table below.

<b>If your yearly income in 2023 was:</b>			You pay each month (in 2025) for <b>Part B</b>	You pay each month (in 2025) for <b>Part B-ID</b>	You pay each month (in 2025) for <b>Part D</b>
File individual tax return	File joint tax return	File married & separate tax return			
\$106,000 or less	\$212,000 or less	\$106,000 or less	\$185.00	\$110.40	Plan premium
above \$106,000 up to \$133,000	above \$212,000 up to \$266,000	Not applicable	\$259.00	\$184.00	\$13.70 + plan premium
above \$133,000 up to \$167,000	above \$266,000 up to \$334,000	Not applicable	\$370.00	\$294.50	\$35.30 + plan premium
above \$167,000 up to \$200,000	above \$334,000 up to \$400,000	Not applicable	\$480.90	\$404.90	\$57.00 + plan premium
above \$200,000 and less than \$500,000	above \$400,000 and less than \$750,000	above \$106,000 and less than \$394,000	\$591.90	\$515.30	\$78.60 + plan premium
\$500,000 or above	\$750,000 or above	\$394,000 or above	\$628.90	\$552.10	\$85.80 + plan premium

## SSA Service Changes

*By the GWAAR Legal Services Team*



The Social Security Administration (SSA) recently announced that it will be transitioning to appointment-based services for in-person visits to local field offices. Beginning January 6, SSA will require customers to schedule an appointment for services, including requests for Social Security cards.

SSA emphasizes that it will not turn people away for walk-in service who are unable to make an appointment or do not want to make an appointment, such as “members of vulnerable populations, military personnel, people with terminal illnesses, and individuals with other situations requiring immediate or specialized attention.” Field offices with minimal wait times will also continue to provide walk-in assistance.

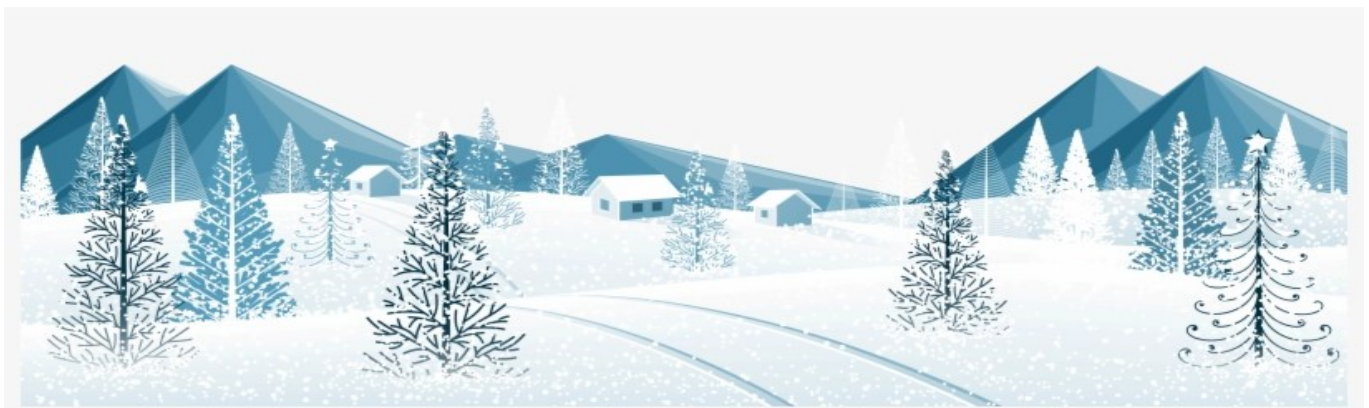
Nonetheless, SSA still encourages people to take advantage of online services or the automated services available by telephone at 1-800-772-1213.

## Flu and COVID Combination Tests

*By the GWAAR Legal Services Team (for reprint)*

The Food and Drug Administration (FDA) recently approved a new at-home kit that can test for COVID-19 and two strains of the flu virus at the same time. The tests are available at pharmacies without a prescription and can help people determine what types of precautions they need to take to avoid infecting friends and family members.

The tests should cost about the same as a COVID-only test kit – around \$15 per test. The kits should provide test results within 15 to 30 minutes.



# New Resources to Reduce Improper Billing for Qualified Medicare Beneficiary Enrollees

*By the GWAAR Legal Services Team (for reprint)*

The Qualified Medicare Beneficiary (QMB) program is a joint state and federal program that helps eligible individuals pay for their Medicare Part B (and, if need be, Part A) premiums, as well as nearly all of the costs that Medicare leaves behind, such as copays and deductibles.

To qualify for the QMB program, someone must have low assets and income at or below 100% of the federal poverty level. When someone enrolled in QMB receives medical items or services paid for by Medicare, the provider is supposed to then bill Medicaid

the balance (minus a small Medicaid copay of \$3 or less). However, providers often fail to bill Medicaid for whatever reason and improperly bill the QMB enrollee instead. Because individuals enrolled in QMB have very low income and resources available to them, this can be a major hardship.

Recently, the Centers for Medicare & Medicaid Services (CMS) and the Consumer Financial Protection Bureau (CFPB) [announced](#) new resources to help reduce improper billing of QMB enrollees, giving guidance to providers, plans, and debt collectors, including:

- A new [memo](#) that directs Medicare health plans to screen their membership for QMB enrollment and ensure that QMB enrollees are not billed for medical care.
- A new [Medicare Learning Network \(MLN\) resource](#) that advises health care providers of their responsibilities under federal law to not bill QMB enrollees. Providers are directed to pay back money collected as a result of improper billing and recall bills sent to collection agencies.
- A [joint statement from CMS and CFPB](#) that reminds debt collectors that debt resulting from improper billing should not be collected and should not be used to tarnish an individual's credit scores, according to federal law.

Additional resources can also be found on [Justice in Aging's website](#), which includes a [toolkit](#) with sample letters that can be sent to providers who bill QMB enrollees. For additional assistance, you may also contact the [State Health Insurance Assistance Program \(SHIP\)](#) or a [benefit specialist](#) in your area.

# Finding Healthcare with an Undocumented Immigrant Status

*By the GWAAR Legal Services Team*

According to [USA Facts](#), the population of Wisconsin residents born outside of the United States was 308,000 in 2023. This means that 1 out of every 20 Wisconsin residents may struggle to access healthcare due to their immigration status. Undocumented immigrants don't have meaningful access to healthcare, even though many of them contribute to federal and state healthcare programs through employment taxes. Getting access to necessary healthcare is a critical issue for undocumented immigrants.

The eligibility requirements for many healthcare programs are challenging and complicated. Immigrants in Wisconsin must meet specific criteria to be eligible. Programs like Medicare, BadgerCare+, and Medicaid require a person to be lawfully present in the United States for five years. This requirement prevents undocumented immigrants from accessing essential healthcare. There are several other requirements and restrictions, so working with a professional will make the process less complicated. Many people go without basic healthcare across the nation because of their immigration status and the complex process of enrolling.

Other medical care options exist for undocumented immigrants outside Medicare, Medicaid, and BadgerCare+. Several free clinics offer health care options. You can find a local clinic near you on the [Wisconsin Association of Free & Charitable Clinics](#) website. Refugees may have other options available to them through the [Wisconsin Department of Health Services](#). However, these programs may not address the need for ongoing medical care or emergency care because they may have lengthy wait lists and wait times.

The [Medicaid and BadgerCare+ Emergency Service Programs](#) also offer emergency medical care options. These programs are for people with a medical emergency. The person must also be 65 or older, have a disability, or be an adult caring for a child. This care ends when the condition is no longer an emergency. This could create instances where the person is left with a hefty bill for needed medical care after the emergency. Your information will not be given to the United States Citizenship and Immigration Services. The emergency service may provide access to medical care, but it is not a long-term healthcare option.



# Finding Healthcare with an Undocumented Immigrant Status Continued

*By the GWAAR Legal Services Team*

Immigrants with different immigration statuses may be eligible for other healthcare options depending on their circumstances. For example, Medicare could be an option for someone over 65 and lawfully present in the United States. Determining eligibility is complicated, so expert help will make the process less difficult. To check if you are eligible for a program, you can work with your local [Aging and Disability Resources Center \(ADRC\)](#) or [Wisconsin Collaboration on Immigrants and Public Benefits](#). [The Wisconsin Department of Health Services \(DHS\) website](#) provides information about healthcare options. The list below offers further information to help immigrants access the healthcare they deserve.

## Additional Information

- [BCPlus-Immigrants Fact Sheet, P-10180](#)
- [ForwardHealth](#)
- [Medicaid in Wisconsin | Wisconsin Department of Health Services](#)
- [Explore your Medicare coverage options](#)
- [Health Insurance Options — Wisconsin Collaboration on Immigrants and Public Benefits](#)
- [Wisconsin Medicaid and BadgerCare Plus - Emergency Services, P-10072](#)
- [ForwardHealth: Program Resources | Wisconsin Department of Health Services](#)

## **CAFÉ 60 VOUCHERS**

Just a quick reminder that the color of the Café 60 vouchers has changed for the 2025 year.

If you have any vouchers left from 2024 please exchange them for purple vouchers, the new 2025 color!

You are welcome to stop in or mail them in. Whatever works the best for you!

As always, please call us at 715-743-7117 with any questions you have.

# We Are All Aging

*By the GWAAR Legal Services Team*

Ageism negatively affects many Americans daily. Ageism is the discrimination of a person solely because of their age. Negative stereotypes and harmful prejudice about age fuel this discrimination. That discrimination affects how people see themselves and their place in society. Those views dramatically impact mental, social, and physical well-being. Ageism comes in many forms and shows up in many places. People experience ageism throughout their everyday experiences. Ageism is found in media, medical care, policies, and societal norms. Many people are at risk of experiencing the negative impact that ageism has on their daily lives.

Employment is an area of daily life where ageism frequently manifests. People are discriminated against when they are overlooked for jobs or promotions because of their age. This discrimination and prejudice can affect finances, job security, and a person's feeling of purpose and belonging. This type of discrimination is less obvious because employers don't usually say they won't hire or promote a person due to their age. The work environment isn't the only place where ageism is present.

Ageist stereotypes are also present in medical care and medical care policies. This type of discrimination can result in very dangerous outcomes. We have most recently seen the dangers of medical ageism during COVID-19. Policies prescribed that critical life-saving ventilators were to be prioritized by age. This left many older people without life-saving medical care because they were older. Ageism is an important topic that should be critically acknowledged and addressed to prevent dangerous policies from being enforced. While medical ageism is obviously dangerous, not all dangers of ageism are as easy to spot.

The dangers of ageism in media are less obvious. Negative age stereotypes are represented in movies, television, and commercials. When these negative ideas and characterizations bombard an individual, it affects how they see themselves, their abilities, and their place in society. These ageist stereotypes are hard to ignore and affect a person's mental and physical health. The negative stereotypes represented in media affect not only the age group being negatively represented but also how other people perceive that age group and their abilities. The media perpetuates ageism and the negative effects it has on certain age groups.

# We Are All Aging Continued

*By the GWAAR Legal Services Team*

Ageism affects us all because everyone is aging. Eliminating ageist ideas is essential to everyone's well-being. To help eliminate ageism, you should be vigilant in identifying harmful ageist stereotypes, prejudice, and discrimination within yourself and society. Once you begin to take notice of ageism, you can reframe how you speak about people, their age, and their place in society. If we only look at a person's age to determine who they are and their capabilities, we ignore all the other aspects that make that person who they are and what they bring to the table. We have to reprogram our thinking and judgment to push out ageist stereotypes, prejudice, and discrimination.

One way to reprogram our thinking is to reframe how we talk about a person's age. You can start reframing how you talk about age by removing ageist terms from your vocabulary. Some words you can eliminate are "elderly and senior" because of their negative associations. Then replace those words with terms like "older person" or be more inclusive by saying "we or us." The most important thing you can do to combat ageism and its dangerous and harmful effects is to be aware of it and educate yourself on ways to reframe the way you talk and think about age.

## Ageism advocacy and information

- Ageism reframing [Quick-Start-Guide 24.pdf](#)
- Best Practices for reframing ageism [RAI-Communication-Best-Practices-Guide.pdf](#)
- Administration for Community Living [Let's Rethink How We Talk About Aging | ACL Administration for Community Living](#)
- Ageism Information [Ageism.org | Comprehensive Ageism Information & Education](#)



The ADRC newsletter is available in digital form.

To sign up, individuals can call 715-743-5166 or

visit the website at [clarkcountywi.gov/adrc-newsletter](http://clarkcountywi.gov/adrc-newsletter) and

click "Go Digital" to have it sent directly to your email.

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## **OttLite LED Clip and Freestanding Dual Magnifier**

CILWW is focusing on vision enhancement devices this month, with a particular emphasis on the OttLite LED Clip and Freestanding Dual Magnifier. This versatile tool functions as both a freestanding magnifier and a clip-on device, providing clear and comfortable visibility in various environments. It features a swivel base and a flexible neck, enabling precise direction of illumination where it is most needed. Furthermore, it is energy-efficient and equipped with long-lasting LED lights, offering 3x and 6x magnification options. This device is suitable for activities such as reading, crafting, knitting, and woodworking, among others.

The OttLite LED Clip and Freestanding Magnifier Lamp is available through several well-known retailers, including Walmart, and can be purchased online for approximately \$37.00.

**CILWW offers the opportunity for individuals to borrow or try out items mentioned in our articles before making a purchase.**



**To learn more about this assistive device or other devices that can improve your independence, please contact CILWW at 715-233-1070 or 800-228-3287. Our services are provided free of charge. However, we do not directly fund the purchase of assistive technology. Through the WisTech Assistive Technology Program, CILWW provides a variety of services, including information on alternative financing options like WisLoan, Telework, and TEPP, upon request.**





# Winter Word Search



S K I I N G S N O W B O O H T  
S F I R E P L A C E I N G E O  
L I E A R M U F F S C N Y T S  
E W S B C O L T R A E S T A C  
D I M L R O W S N O U G H E A  
D N U I A U L O W P S H T O R  
I T F Z E S A D E H A T A O F  
N R B Z B A E R O W P L Y I I  
G C O A T O T L Y D M W L C R  
I T O R H A F R O T A S U I E  
P O T D E C E M B E R I L C L  
L A S N C R O V I N C L O L R  
O A D H J K T C E S H O V E L  
W J A N U A R Y O E S A H S T  
M I T T E N S W E A T E R E L

BLIZZARD  
BOOTS  
COAT  
COCOA  
COLD  
DECEMBER  
EARMUFFS  
FEBRUARY

FIREPLACE  
FROSTY  
HAT  
ICE  
ICICLES  
JANUARY  
MARCH  
MITTENS

PLOW  
SCARF  
SHOVEL  
SKIING  
SLEDDING  
SNOW  
SWEATER  
WINTER



# *ADRC OF CLARK COUNTY*

## **STAFF**

### **ADRC Director**

*Lynne McDonald*

### **ADRC Financial / Nutrition Manager**

*Lynn Crothers*

### **Admin Assistant/Benefits Specialist**

*Lisa Waldhart*

### **Admin Assistant Aging & Nutrition**

*Kim Stetzer*

### **Elder Benefit Specialist**

*Terri Esselman*

### **Disability Benefit Specialist**

*Crystal Rueth*

### **I&A Specialist**

*Hannah Quicker*

*Michelle Berdan*

## **ADRC Newsletter Online**

<http://www.co.clark.wi.us/index.aspx?NID=767>

## ***Connect With Us***

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