



A VOICE FOR THE ELDERLY The official publication of the Council on Aging WINTER 2004

THE ADVOCATE



The Elephant In The Room

by Kim Hubbard, Esq.
FAST Program Manager

We have a concept in law called “sliding down the slippery slope” and it is used as a caveat every time rights are restricted. Unless we are very careful and very circumspect in restricting the rights of anyone, with that first step our feet go out from under us and we are sliding down that hill, unable to stop, until everyone’s rights are restricted, including our own. It is meant to be a cautionary warning.

The slippery slope concept raises its ugly head whenever we discuss the right, if any, of terminally ill individuals to decide when to terminate their own life. The argument is that, at some point, if self determination is allowed, we will be on the slippery slope with an end result of managed care making those decisions — instead of the patient — and basing them on cost instead of the best interests of the individual.

But does that mean we do not address the end-of-life issue at all? Are we so cowed by the possibility of slip sliding away that we ignore the problem?

Frankly, we cannot ignore the problem and end-of-life issues must be addressed. With the advances in medical technology, the prolongation of life by artificial means and an aging population, if we try and ignore these issues, we are ignoring the elephant in the room.

In some jurisdictions, innovative approaches are being tried, such as the *Death With Dignity Act* in Oregon and the *Model Policy on Health Care Decisions for Patients Without Surrogates* in Santa

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Conference — Register Now!

To Be or Not to Be?

A Professional’s Guide to Ethical Considerations at End-of-Life

Friday, February 13, 2004

8:00 am – 3:15 pm

Costa Mesa Community Center



6.0 CEUs offered for
BRN, LCSW, MFT, MCLE, NHP, RCFE
(See page 3 for Agenda and Registration Form.)

Check page 9 for the last seminar in our end-of-life series: *If Not Now, Then When? Handling Sensitive Family Issues in the Care of the Dying.*

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Executive Director's Report

by Pamala McGovern
Executive Director

A Matter of Perception

As part of our Continuing Education program, the Council on Aging has initiated a three-part educational series examining end-of-life issues. The first seminar slated for January 15th, is *Sharing the Last Dance: A Professional's Guide to Dealing with Dying* and deals with communication. On February 13th, our second in the series *To Be or Not To Be? A Professionals Guide to Ethical Consideration at End-of-Life* will focus on the ethics and laws. Our last seminar, *If Not Now, Then When? Healing Sensitive Family Issues in the Care of the Dying*, is scheduled for March 25th and will be presented by Wendy Lustbader, MSW, a medical social worker and author of several books. This installment of the Advocate will consider the impact these issues have on our clients served in each of our programs and the involvement of our staff and volunteers with clients and their families dealing with end-of-life concerns.

The phrase heard most often in discussions regarding the end-of-life is *quality of life* and, often, professionals who are not disabled define quality of life. Decision-makers assess the situation of a person with disabilities from their own vantage point. No matter how highly qualified a person is, she/he cannot make an authoritative prediction about the quality of life of another. *Quality of Life* is a matter of perception...very personal perception.

Many of us have a *line* – a level of disability at which we believe we could not continue living. The paradox is that when we become more dependent upon others due to age or infirmity that line tends to move. Life is that precious. Individuals have the ability to adapt to varied situations and to develop different coping mechanisms. The perceptions we hold about our quality of life changes as adjustments to our disabilities occur. Happiness, value and self-worth have little to do with physical health.

There are no easy solutions when it comes to end-of-life considerations and decisions. All discussions should include careful deliberation by all parties and be free of issues of control, status and attempts to

arrive at a consensus. The individual and professional should be considered a partnership with mutual respect and equality of power. Ultimately, decisions must be based upon an unwavering respect for the person. We hope this issue of the *Advocate* encourages contemplation *and* conversation and motivates your attendance at the next two seminars.

Credit is given to: Profile: Wayne Cockfield, National Right to Life Committee

Our Last Rights: Do Not Resuscitate Orders and People with Disabilities Rhonda Wiebe, 10-00

Killing Them Softly by Eve Tushnet Manitoba League of Persons With Disabilities Inc. 1998-2000

SmileMaker Project Helped by Angels and Trees

This was quite a year for our SmileMaker Project. The SmileMaker Guild was overwhelmed by the generosity of the corporate community and their employees' response — the exceptional Angels who shopped for and helped wrap our nearly 1,500 gifts distributed during the holidays to needy older and disabled adults.



A huge **Thank You** to each of you who participated this year. Our major corporate Angel Tree sponsors and their employees were: DEFT – The Wood Finish People, The Mexmil Company, Mitsubishi Motors North America, PacifiCare, SPIB Insurance and Yamaha Motor Corporation. Also participating as Angel Tree sponsors: Modern Nail, Our Redeemer Lutheran Church, Newport Mesa Christian Center, Trinity Episcopal Church, and the office of Dr. Roger Johnson, DDS. Additionally we are grateful to Change A Life Foundation and all of our individual donors and volunteers.

This year, more than ever before in the history of the SmileMaker Project, the community demonstrated incredible generosity by embracing the older and disabled adults who are less fortunate. From our Guild members who organized the project, to each and every individual who gave of their time and/or made a financial contribution, we thank you on behalf of all who benefited from your tremendous spirit of giving.



FAST – Financial Abuse Specialist Team.
 FAST provides community education on financial elder abuse and is a partnership comprised of public and private multidisciplinary professionals who volunteer their time to facilitate comprehensive services to victims of financial elder abuse.

The Elephant In The Room

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Clara County, CA. In a majority of places, there are still too many agencies, organizations, officials, policy-makers, families, friends and/or neighbors who refuse to listen to bio-ethnicians discuss end-of-life issues and who refuse to discuss various alternatives. Admittedly, these are difficult issues to discuss. We have ingrained cultural, religious and societal prohibitions against the self-determination of when our lives will end.

Society is changing. If we start now, we may have time to consider these issues in a rational, objective manner and ensure, to the extent possible, that patient’s rights to self determination are legally protected but with sufficient safeguards to prevent abuse. However, if we continue to ignore the elephant in the room, it’s a safe bet that we’ll be trampled.

Register now for our February 13th seminar to explore these critical issues. For more information about the seminar, please check our website www.coaoc.org and click on the CEP button at the top of our home page.

February 13 Program Agenda

Morning

- 8:00 – 8:45 Registration/Networking
- 8:45 – 9:00 Welcome and Introductions
Course Objective Review
- 9:00 – 10:15 **Panel discussion:
Medical Decision Making**
- 10:15 – 10:30 Break
- 10:30 – 11:45 **Medical Decision Making (continued)**
- 11:45 – 12:45 **Luncheon Program:
Audience Participation
with Panel Members**

Lunch provided compliments of LivHome



Afternoon

- 12:45 – 1:45 **Bio-Ethics Panel: Medical Decisions for the Unbefriended Elderly**
- 1:45 – 2:00 Break
- 2:00 – 3:00 **The Oregon Death With Dignity Act**
- 3:00 – 3:15 Course Objective Follow-up
Evaluation and Close

To Be or Not to Be?

A Professional’s Guide to Ethical Considerations at End-of-Life



February 13, 2004 8:00 am – 3:15 pm

REGISTRATION FORM

Early registration before January 23rd \$ 60
Registration Deadline February 4th \$ 75
 Registration at the door \$100
 Fees include cost of conference, light refreshments, lunch, materials, and 6.0 CEUs. Groups of four or more may deduct \$10 per person. **Add \$20 for dual discipline certificates.**

CREDIT

6.0 Continuing Education Units will be offered for: *(please circle one)* LCSW, MFT, RN, MCLE.
 Credit pending for NHAP, RCFE.

License # _____

Name _____

Title _____

Agency _____

Address _____

City/State/Zip _____

(circle one: home or office)

Phone/Fax _____

Email _____

Enclosed is my check for \$ _____

Charge my credit card \$ _____

Account Number _____

(circle one: Visa or MasterCard)

Expiration Date _____

Card Holder Name _____

Signature _____

Check here for vegetarian lunch

REGISTRATION DEADLINE

February 4, 2004

Make checks payable with completed form and mail to:
 Council on Aging–Orange County
 1971 East Fourth Street, Suite 200
 Santa Ana, CA 92705
 For more information call (714) 479-0107
 To charge by fax: (714) 479-0234



Long-Term Care Ombudsman Services –
State Certified Long-Term Care
Ombudsmen protect the rights of
26,000 older adults living in nursing and
board and care homes located in Orange County.



Bioethics Committees: Are They Necessary?

by Shelley Woolery
Ombudsman Coordinator

What is a bioethics committee?

For the purposes of this article the discussion will be confined to the use of these committees in nursing homes only. Bioethics meetings are primarily convened when the resident of a skilled nursing facility has not prepared an Advanced Health Care Directive (AHCD) or documented their wishes in any other manner and is unable to speak for him/herself. On occasion, a meeting is called when family members are in conflict regarding end-of-life choices made by their loved one.

Who should participate?

Many nursing facilities have established protocols for bioethics committees. In most instances the following individuals *should* be present: resident's physician, medical director of facility, social worker, director of nurses, family, and the ombudsman.

The roles of each of these participants are varied. The medical professionals will present facts, which will help determine the benefit versus the burden of treatment. The social worker and family will give insight as to the residents' lifestyle, which may help determine end-of-life decisions. The ombudsman will make sure that the residents' rights are being protected and honored.

What types of issues are discussed?

The issue of nutrition and hydration are probably the most common topics, whether to intervene by some artificial means or not. These decisions are very difficult if there is any disagreement among the members of the committee. They may not agree to the goal of care, or there may be legal or ethical issues, which are not clearly defined and therefore cause dissension.

Is the decision of the bioethics committee final?

NO. Ultimately, the committee makes a non-binding recommendation to the family member or the individual acting on behalf of the resident. If a resolution cannot be reached, it may be necessary to

FRIENDLY VISITOR PROGRAM



The Gift of Time

by Anne Gray
Coordinator of Volunteers

The goal of Caring Connections Friendly Visitor Program is to meet the fundamental needs of interaction and communication with other individuals to achieve mental, physical and spiritual health. Caring Connections provides volunteers who visit socially isolated seniors and adults with disabilities in their homes or on the telephone at least once a week for one hour.

Friendly Visitors have a positive impact on the people that they visit. They can be a link to services that are needed, they help celebrate special occasions, and lend moral support.

This is a wonderful program that provides an opportunity for individuals in the community to give of their time to those who are lonely. Many volunteers just want to do something that will help others. They are often surprised to find that they also get something out of volunteering. Friendly Visitor Volunteers have said; "It's just like visiting with my grandmother, this lady is a delight. She has so many stories to tell and it's fun." Another volunteer marvels at the many adventures and travels his friend has had.

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bring an outside physician or attorney who has experience as a bioethicist.

Are bioethics committees really necessary?

Getting back to our first question, as long as people do not prepare for end-of-life decisions these committees will continue to be an integral part of nursing homes. If there is ever any doubt regarding the rights of the resident and his/her wishes, a bioethics committee should be requested. The process seems to work best when the committee is interdisciplinary (as indicated above) and when all members agree upon a common goal, and work together while respecting the differences among them.



Linkages – provides case management, information about community resources, and services for frail and functionally impaired adults aged 18 years and older, to prevent or delay premature or inappropriate institutionalization.



Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form

by Maria Nin Swonk, LCSW
Linkages Clinical Supervisor

In general, DNR (Do Not Resuscitate) orders are appropriate for only a small group of people. They are designed to help people in the final stages of a terminal illness or who are suffering from another serious condition and are certain they do not want to receive emergency treatment.

Advance directives, on the other hand, are appropriate for anyone. They express a person's desires in the event of future illness.

An official prehospital DNR document actually authorizes medical treatment to be withheld. It is effective immediately. An advance directive is meant to take effect sometime in the future and does not, itself, authorize the withholding of medical treatment.

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and Emergency Medical Service (EMS) providers, for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. The form does **not** affect the provision of other emergency medical care, including palliative treatment for pain, dyspnea (difficult, labored or uncomfortable breathing), major hemorrhage, or other medical conditions.

The form was designed for use in **prehospital settings** — i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care providers who honor a properly completed Prehospital Do Not Resuscitate (or an approved wrist or neck medallion) from criminal prosecution, civil

liability or other sanctions. It is important to know that every state has its own DNR programs and regulations.

As service providers who render assistance in individual's homes, it is important to know your client's wishes. The Linkages case managers conduct a thorough assessment of the client's advanced directive/DNR status. We also educate individuals by providing information and directing them to appropriate resources.

If you would like further information on a Prehospital Do Not Resuscitate (DNR) form, speak with your physician or contact the California Medical Association.

SAVE THE DATE:

2004 Regional Alzheimer's Disease Research Conference
**The Experience of Alzheimer's Disease:
Enrichment Paradigms**

presented by

the Alzheimer's Association of Orange County and
the UCI Institute for Brain Aging And Dementia

May 5–7, 2004

Newport Beach Marriott Hotel

The Gift of Time

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Several volunteers have said that they went to visit for an hour and were surprised when they found they had stayed longer. Since May we have nearly doubled our number of volunteers and we now have 29 who are visiting 41 friends.

The Friendly Visitor Program is always interested in adding volunteers to our program. Many people are waiting to be visited. We have scheduled a volunteer training in January on two consecutive Wednesday nights, Jan. 21st & Jan. 28th from 6:30 pm to 8:30 pm at the Council on Aging Office. Please contact Anne Gray, Caring Connections Friendly Visitor Coordinator of Volunteers at (714) 560-0426 if you are interested in becoming a volunteer visitor or if you would like to have a visitor.



HICAP – Health Insurance Counseling and Advocacy Program. HICAP provides education, counseling and advocacy regarding Medicare, supplemental insurance, HMOs, Long-Term Care insurance and related issues.



It's a Control Thing

by Julie Schoen
HICAP Legal Counsel

The Holidays are over and many adult children are now in a state of shock. They have just visited with elderly parents and they may have noticed things. They may have noted that their parents have slowed down a little or are a little more forgetful, or seem depressed. Many thoughts are reeling through their minds and the biggest one is “What if...” What if Mom and Dad need more care, what if they are hospitalized, what if they pass away?” But somehow we find it very difficult to leave that role of child and to discuss with our parents the “what ifs”.

An Advanced Health Care Directive is a document which allows you to control your destiny.

In my own situation I used to preach to others the importance of having an Advanced Health Care Directive (AHCD) no matter what your age, but it was not until my daughter was born that my husband and I actually effectuated one. Advance health care directives allow you to have legal control over your health care treatment in the event that you are unable to speak for yourself. California’s Advance Health Care Directive provides an efficient and flexible format for planning your future health care. We happened to mention this to my husband’s parents and they asked us to explain what we meant. I then explained that an Advanced Health Care Directive is a document which allows you to control your destiny.

In California one may appoint an agent or simply state their wishes as to what should happen should they lose their ability to make health care decisions. An attorney may draft this document as part of your overall estate plan. The California Medical Association has an excellent kit available for \$5.00 or we have a downloadable link to the document on our website, www.coaoc.org.

An AHCD is definitely a control thing. It allows you to have control over a situation where you may be unable to communicate. Not only can you state what life sustaining measures you **do not** want, but what life sustaining measures you **do** want. Please note that any previous advance directive such as a Durable Power of Attorney for Health Care or a Natural Death Act that was valid in California as of July 1, 2000 is still valid. If you completed a Durable Power of Attorney for Health Care before 1992, it has expired. If you have already executed a Durable Power of Attorney for Health Care and/or a Natural Death Act, you should check to see that the forms have not expired and that they still reflect your wishes.

None of us likes to face these end-of-life issues, but this is actually a document that is not only inexpensive to enact but also provides positive direction to family and friends of your wishes and intent. We all make New Year’s resolutions we do not follow-up on; make this a resolution you fulfill. A happy and healthy 2004 to all of you.



HICAP Provides HMO Data

by Cheryl Meronk
HICAP Program Manager

Orange County HICAP is pleased to present comparison information for Medicare HMO benefits for 2004 in Orange County. The HMO comparison chart on the following pages is provided to give you an approximate idea of your out-of-pocket costs (premiums, deductibles, co-payments etc.) for each plan and does not constitute a comprehensive benefits summary. Not all plans are available in all areas. Please contact the individual health plans for detailed information about costs, benefits, limits, restrictions and availability.

All figures listed in the chart are subject to change pending federal approval. Updated versions of this chart will be posted on our website at <http://www.coaoc.org/Media/HMOCComparison.pdf> as we receive new information. If you have general questions regarding the plans or need help with Medicare or related issues, please call us at 714-560-0424 or toll-free at 800-434-0222.

2004 Orange County Medicare HMO Cost Comparison Chart

Plan Name	Aetna Golden Medicare Plan	Blue Cross Senior Secure	Blue Shield 65 Plus Value Plan (limited area)	Blue Shield 65 Plus	California Medicare Advantage	Health Net Seniority Plus	Kaiser Senior Advantage	SCAN Health Plan	Secure Horizons Standard Plan I & II	UHP Healthcare for Seniors	Universal Care Health Advantage Plan A	Universal Care Health Advantage Plan B	Universal Care Health Advantage Plan C	Universal Care Health Advantage Plan D
Phone Number (in addition to Medicare Part B premium)	New enrollment: 1-800-832-2640 Current members: 1-800-282-5366 \$39 \$0 as of Feb. 1	New Enrollment: 1-800-488-9000 Current Members: 1-800-776-4466 \$85 There is an annual deductible of \$2000 for certain services	New enrollment: 1-800-488-9000 Current Members: 1-800-776-4466 \$0	New enrollment: 1-800-488-8000 Current Members: 1-800-776-4467 \$25	New Enrollment: 1-888-494-8280 Current Members: 1-800-443-0815	New enrollment: 1-800-935-6565 Current Members: 1-800-275-4737 \$40 \$0 as of Feb. 1	New Enrollment: 1-800-443-0815 Current Members: 1-800-443-0815 \$0 There is a maximum out of pocket limit each year for some services	New enrollment: 1-800-698-7689 Current Members: 1-800-735-2929 \$30	New enrollment: 1-800-385-5588 Current Members: 1-800-228-2144 Standard Plan I = \$0 Standard Plan II = \$25	New Enrollment: 1-800-544-0088 Current Members: 1-800-635-6669 \$0	New enrollment: 1-800-227-3482 Current Members: 1-800-635-6668 \$0	New enrollment: 1-800-227-3482 Current Members: 1-800-635-6669 \$30	New enrollment: 1-800-227-3482 Current Members: 1-800-635-6670 \$60	New enrollment: 1-800-227-3482 Current Members: 1-800-635-6671 \$45
Monthly Premium	\$39	\$85	\$0	\$25	\$0	\$40	\$0	\$30	Standard Plan I = \$0 Standard Plan II = \$25	\$0	\$0	\$30	\$60	\$45
In-patient Hospitalization	\$150/day, days 1-7. \$1050 max. out of pocket per stay. Unlimited days each benefit period.	\$0 copay after deductible is met. Unlimited days each benefit period.	Unlimited days each benefit period.	\$190/day, days 1-10. \$1900 max. out of pocket per year. Unlimited days each benefit period.	\$0 copay Max. 90 days each benefit period.	\$175/day, days 1-8. Unlimited days each benefit period.	\$200/day up to \$3000 max. out of pocket annually. Unlimited days each benefit period.	\$50/day, days 1-10. Unlimited days each benefit period.	\$150/day, days 1-5. Unlimited days each benefit period.	\$300 per stay. Unlimited days each benefit period.	\$0 copay Max. 90 days each benefit period.	\$500 per stay. Max. 90 days each benefit period.	\$850 per stay. Max. 90 days each benefit period.	\$0 copay Max. 90 days each benefit period.
In-patient Mental Health	\$150/day, days 1-7. \$1050 max. out of pocket per stay. 190-day psychiatric hospital lifetime limit.	\$0 copay after deductible is met. 190-day psychiatric hospital lifetime limit.	\$0 copay 190-day psychiatric hospital lifetime limit.	\$190/day, days 1-10. \$1900 max. out of pocket per year. 190-day psychiatric hospital lifetime limit.	\$150 deductible No copay for additional days 91-150. Contact plan about benefits beyond 190 days.	\$175/day, days 1-8. 190-day psychiatric hospital lifetime limit.	\$200/day up to \$3000 max. out of pocket annually. Contact plan about benefits beyond 190 days.	\$50/day, days 1-10. Contact plan about benefits beyond 190 days.	\$900 per stay. 190-day psychiatric hospital lifetime limit.	\$300 per stay. 190-day psychiatric hospital lifetime limit.	\$0 copay 190-day psychiatric hospital lifetime limit.	\$500 per stay. 190-day psychiatric hospital lifetime limit.	\$850 per stay. 190-day psychiatric hospital lifetime limit.	\$0 copay 190-day psychiatric hospital lifetime limit.
Skilled Nursing Facility	\$0, \$20/day, days 21-100. No prior hospital stay required. Max. 100 days covered per benefit period.	\$0 copay after deductible is met. No prior hospital stay required. Max. 100 days covered per benefit period.	\$0 copay No prior hospital stay required. Max. 100 days covered per benefit period.	\$0, \$50/day, days 21-100. No prior hospital stay required. Max. 100 days per benefit period.	\$0 copay No prior hospital stay required. Max. 100 days per benefit period.	\$0, \$75/day, days 21-100. No prior hospital stay required. Max. 100 days per benefit period.	\$0, \$50/day, days 21-100. No prior hospital stay required. Max. 100 days per benefit period.	\$0, \$20/day, days 21-100. No prior hospital stay required. Max. 100 days per benefit period.	\$0/day, days 1-20. \$50/day, days 21-100. No prior hospital stay required. Max. 100 days per benefit period.	\$0 copay. 3-day prior hospital stay required. Max. 100 days per benefit period.	\$0 copay No prior hospital stay required. Max. 100 days per benefit period.	\$0 copay No prior hospital stay required. Max. 100 days per benefit period.	\$0 copay No prior hospital stay required. Max. 100 days per benefit period.	\$0 copay No prior hospital stay required. Max. 100 days per benefit period.
Doctor Visit	\$10 each visit	\$15 each visit	\$0 copay	\$10 each visit	\$0 copay	\$10 each visit	\$20 each visit	\$10 each visit	\$10 each visit	\$10 each visit	\$10 each visit	\$10 each visit	\$10 each visit	\$0 copay
Specialist Visit	\$15 each visit	\$25 each visit	\$0 copay	\$20 each visit	\$0 copay	\$10 each visit	\$20 each visit	\$10 each visit	\$15 each visit	\$10 each visit	\$10 each visit	\$10 each visit	\$10 each visit	\$0 copay
Outpatient Surgical Ctr	\$100 each visit	no copay	no copay	\$200 each visit	no copay	\$175 each visit	\$50 each visit	\$50 each visit	\$200 each visit	\$10 each visit	\$100 each visit	\$100 each visit	\$100 each visit	no copay
Outpatient Hospital	\$100 each service	no copay	\$50 each service	\$200 each visit	no copay	\$175 each visit	\$50 each service	\$50 each service	\$200 each visit	no copay	\$50 each service	\$50 each service	\$50 each service	no copay
Ambulance	\$100 each service	no copay	\$50 each service	\$100 each service	\$50 each service	\$100 each service	\$100 each service	\$50 each service	\$50 each service	no copay	\$50 each service	\$50 each service	\$50 each service	no copay
Emergency Room Visit	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	\$50 each visit, waived if admitted	no copay
Outpt. Occup. - Phys. & Speech Therapy	\$15 each visit	\$25 each visit	no copay	\$10 each visit	no copay	no copay	\$20 each visit	\$10 each visit	no copay	\$10 each visit	\$10 each visit	\$10 each visit	\$10 each visit	no copay

Council on Aging - Orange County
Health Insurance Counseling and Advocacy Program (HICAP)
 (714) 560-0424

2004 Orange County Medicare HMO Cost Comparison Chart

Plan Name	Aetna Golden Medicare Plan	Blue Cross Senior Secure	Blue Shield 65 Plus Value Plan (limited area)	Blue Shield 65 Plus	Blue Shield Medicare Advantage	California Medicare Advantage	Health Net Seniority Plus	Kaiser Senior Advantage	SCAN Health Plan	Secure Horizons Standard Plan I & II	UHP Healthcare for Seniors	Universal Care Health Advantage Plan A	Universal Care Health Advantage Plan B	Universal Care Health Advantage Plan C	Universal Care Health Advantage Plan D
Durable Medical Equipment (oxygen, wheelchairs, etc.)	20% of the cost of each Medicare-covered item	no copay for Medicare-covered items	up to 20% of the cost of each Medicare-covered item	20% of the cost of each Medicare-covered item	up to 20% of the cost of each Medicare-covered item	up to 20% of the cost of each Medicare-covered item	\$0-275 for each Medicare-covered lab service	20% of the cost of each Medicare-covered service	0-10% for each Medicare-covered item	20% of the cost of each Medicare-covered item	no copay for Medicare-covered items	20% of the cost of each Medicare-covered item	20% of the cost of each Medicare-covered item	20% of the cost of each Medicare-covered item	no copay
Clinical/Diagnostic Lab Services	no copay	0-20% of the cost of each lab service	no copay	no copay	no copay	no copay	\$0-275 for each lab service	\$10 for each lab service	0-10% of the cost of each lab service	no copay	no copay	no copay	no copay	no copay	no copay
X-Rays	\$15-50 each ray visit	0-20% of the cost of each X-ray visit	no copay	no copay	no copay	no copay	no copay	\$0-50 each X-ray visit	no copay	20% of the cost of each X-ray visit	no copay	no copay	no copay	no copay	no copay
Radiation Therapy	\$15 each radiation therapy service	0-20% of the cost of each radiation therapy service	no copay	no copay	no copay	no copay	\$0-275 for each radiation therapy service	no copay	\$20 each radiation therapy service	20% of the cost of each radiation therapy service	no copay	no copay	no copay	no copay	no copay
Retail Generic Rx Drugs*	\$10 for 30-day supply - no limit	not covered	\$10 for 30-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit	effective Feb. 1: \$10 for 30-day supply for Formulary generic drugs - no limit	\$10 for up to 100-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit	\$9 for 30-day supply for Formulary generic drugs - no limit	\$10-50 for 30-day supply for generic drugs - no limit on drugs combined	\$8 for 30-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit	\$10 for 30-day supply for Formulary generic drugs - no limit
Retail Brand Rx Drugs*	not covered	not covered	\$25 for 30-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	not covered	\$25 for 30-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	\$25 for 30-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	not covered	not covered	\$30-50 for 30-day supply for Formulary brand drugs - \$300 quarterly limit on brand drugs	not covered	\$30-50 for 30-day supply for brand drugs - \$200 monthly limit on drugs combined	not covered	not covered	\$20 for 30-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	not covered
Mail Order Generic Rx*	\$20 for 90-day supply - no limit	not covered	\$20 for 90-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit	effective Feb. 1: \$20 for 90-day supply for Formulary generic drugs - no limit	\$10 for up to 100-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit	\$18 for 90-day supply for Formulary generic drugs - no limit	\$20-100 for 90-day supply for generic drugs - no limit on drugs combined	\$16 for 90-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit	\$20 for 90-day supply for Formulary generic drugs - no limit
Mail Order Brand Rx*	not covered	not covered	\$50 for 90-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	not covered	\$50 for 90-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	\$50 for 90-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	not covered	not covered	\$60-100 for 90-day supply for Formulary brand drugs - \$300 quarterly limit on brand drugs	not covered	\$60-100 for 90-day supply for brand drugs - \$200 monthly limit on drugs combined	not covered	not covered	\$40 for 90-day supply for Formulary brand drugs - \$1000 annual limit on brand drugs	not covered
Routine Physical Exam*	\$10 each exam. One exam per yr.	\$15 each exam. One exam per yr.	no copay each exam. One exam per yr.	\$10 each exam. One exam per yr.	no copay each exam. One exam per yr.	no copay each exam. One exam per yr.	\$10 each exam. One exam per yr.	\$20 each exam. Unlimited exams per yr.	no copay each exam. One exam per yr.	\$10 each exam. One exam per yr.	\$10 each exam. One exam per yr.	no copay each exam. One exam per yr.	no copay each exam. One exam per yr.	no copay each exam. One exam per yr.	no copay each exam. One exam per yr.

This list is provided to give you an approximate idea of your out-of-pocket costs (premiums, deductibles, co-payments etc.) for each plan and does not constitute a comprehensive benefits summary. Not all plans are available in all areas. Please contact the individual health plans for detailed information about costs, benefits, limits, restrictions and availability. *For most items listed, coverage is provided only if Medicare would have covered the item or service except those marked with an *. These figures are subject to change pending federal approval. If you have general questions regarding the plans or about Medicare, please call us at 714-560-0424 or toll-free at 800-434-0222.

Council on Aging - Orange County
Health Insurance Counseling and Advocacy Program (HICAP)
(714) 560-0424

If Not Now, Then When?

On Friday, March 26th Council on Aging will offer the third in a series of End-of-Life seminars, **If Not Now, Then When? *Handling Sensitive Family Issues in the Care of the Dying.*** Our presenter, Wendy Lustbader, MSW is a medical social worker who has practiced in a community clinic, home health care, a hospital geriatric unit, and nursing homes. She is an affiliate faculty member of the University of Washington School of Social Work. An exceptionally capable practitioner and trainer, Ms. Lustbader is known for the insight, inspiration, humor, and the caring she brings to her teaching and clinical practice.

Ms. Lustbader is coauthor of *Taking Care of Your Aging Family Members* and author of *Counting on Kindness: The Dilemmas of Dependency*. Her latest book is *What's Worth Knowing*. For more information about Ms. Lustbader visit www.lustbader.com

Register now to learn strategies for handling sensitive family issues and helping the dying and their families find renewed health and understanding along the way. For more information about our seminar, go to www.coaoc.org and click on the CEP button at the top of our home page.

Seminar Location

St. Joseph Center Auditorium
480 Batavia Street
Orange, CA 92868

March 26 Program Agenda

Morning

7:30 – 8:15 Registration/Networking
8:15 – 8:35 Welcome and Introductions
Course Objective Review
8:35 – 10:00 **History Repeats Itself:
Understanding Basic Family Themes**

10:00 – 10:20 Break
10:20 – 11:35 **Difficult Family Conflicts:
Finding Opportunities for Dialogue
and Intervention**

11:35 – 12:15 **Lunch (provided)**

Afternoon

12:15 – 2:30 **The Balancing Act:
Special Needs of Family Members
and the Dying Person**

2:30 – 2:45 Break
2:45 – 3:45 **Ethical Dilemmas in Intervening
with Families**

3:45 – 4:00 Course Objective Follow-up
Evaluation and Close

If Not Now, Then When?

Handling Sensitive Family Issues in the Care of the Dying

March 26, 2004

8:00 am – 4:00 pm

REGISTRATION FORM

Early registration before March 5th \$ 60
Registration Deadline March 17th \$ 75
Registration at the door \$100

Fees include cost of conference, light refreshments, lunch, materials, and 6.0 CEUs. Groups of four or more may deduct \$10 per person. **Add \$20 for dual discipline certificates.**

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March 17, 2004

Make checks payable with completed form and mail to:
Council on Aging–Orange County
1971 East Fourth Street, Suite 200
Santa Ana, CA 92705

For more information call (714) 479-0107
To charge by fax: (714) 479-0234

Reshaping the Profile of Aging



by Joan Virginia Allen, Esq.
*NSCA Certified Strength
& Conditioning Specialist*

The ABCs of Muscles and Strength Training

Today we are skipping ahead a little to the letter F for two exercises done with the Feet: toe lifts and heel lifts. These simple exercises help your balance, strengthen the calf muscle (in the back of the lower leg), and strengthen the tibialis anterior (in the front of the lower leg).

Stand up, holding the back of a chair. Come up on your toes, hold for 2-3 seconds, and then lower your heels to the floor. Do as many of these (up to 50) as you can. This strengthens the calf muscle.

Still standing, holding the back of the chair, lift your toes as far as you can placing all your weight on your heels, hold for 2-3 seconds, then lower your toes to the floor. Do as many of these (up to 50) as you can. This strengthens the tibialis anterior.

When you feel comfortable, try these exercises without holding on. However, stay close to a chair or counter top or table where you can grab hold if you start to lose your balance.

In follow-up to my last column on choosing weights that are right for you, I want to acknowledge Gregory L. Welch, M.S., an exercise physiologist and president of SpeciFit™, An Agency of Wellness, in Seal Beach, California, and the wellness director for the Wellness Institute at the Downey Family YMCA. Greg is an accomplished writer and lecturer dedicated to raising the level of academia within the fitness industry.

Greg was my first employer and mentor when I began training others as a fitness instructor. He encouraged me to obtain advanced certification and to specialize in working with older adults in strength

training. Greg is the person responsible for teaching me how to help people choose the proper weights. Thanks Greg for all your help.

Our Mission...

Promote adult empowerment, prevent abuse and advocate for the rights and dignity of those experiencing health and aging challenges.

www.coaoc.org

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Important Phone Numbers

Adult Protective Services	(800) 451-5155
Alzheimer's Association	(714) 283-1111
Caregiver Resource Center	(714) 578-8670
Community Care Licensing	(714) 703-2840
Council on Aging-Orange County	(714) 479-0107
Department of Health Services	(714) 456-0630
FAST (Financial Abuse Specialist Team)	(714) 479-0107
HICAP (Health Ins. Counseling/Advocacy Prog.)	(714) 560-0424
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Sharing the Last Dance

A Professionals Guide to Dealing with Dying
Thursday, January 15
8:00 am–4:00 pm (CEUs available)
St. Joseph Center Auditorium
480 Batavia Street
Orange

To Be or Not to Be?

A Professionals Guide to Ethical Considerations at End-of-Life
Friday, February 13
8:00 am–3:15 pm (CEUs available)
Costa Mesa Community Center
1845 Park Avenue
Costa Mesa

If Now Now, Then When?

Handling Sensitive Family Issues in the Care of the Dying
Friday, March 26
8:00 am–4:00 pm (CEUs available)
St. Joseph Center Auditorium
Orange

Aging Parents: The Seminar

Saturdays, 8:00 am–12:15 pm
February 28 – Session I Session I & II
March 27 – Session II January 17, 24
April 24 – Session I June 19, 26
May 22 – Session II Norman P. Murray
Council on Aging Office Senior Center
1971 E. 4th Street, Suite 200 24932 Veterans Way
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