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CONNECTIONS

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A Period of Transition

Dear clients, employees and healthcare providers,

Caring People Homecare is not that far removed from a time when all business was conducted with one phone line, a laptop and a base of operations in the basement of a one family house in Flushing, New York. Today we stand on the threshold of a multi state corporation with offices in New York, New Jersey and Florida and a corporate identity recognized by dozens of healthcare providers. Despite our rapid growth we did so without compromising our mission and philosophy.

My team of administrators, registered nurses, community outreach professionals, staffing coordinators and office support staff working in conjunction with some of the finest, professional and compassionate home health aides in the indus-

try, has ensured that no matter how fast the company grows the focus and mission remain consistent.

Client care is first and foremost and will always be the driving force behind our services. Caring People does not close its phones at 5PM or on holidays and weekends, we dedicate ourselves to our clients and their requests at any time. If it's a clinical emergency that requires notification to the appropriate medical personnel or reassurance that coverage will be in place the following day, Caring People recognizes that health care is not 9 to 5.

We are adding additional personnel, office sites, and implementing more efficient systems that will ensure that our clients' needs continue to be addressed. My commitment and

my company's commitment to our clients has not, and will not change regardless of our expansion.

Thank you to all of our clients for their continued support of Caring People, and on behalf of the entire company we look forward to servicing you in the future.

Sincerely,

Steven East
CEO
Caring People

Medicare Offers Coverage for Preventive Services

People with Medicare now have an opportunity to live healthier and longer lives thanks to a dramatic change in Medicare. Aided by passage of the Medicare Modernization Act(MMA), Medicare is changing its focus from disease management to prevention. The goal is to reduce the hundreds of thousands of annual deaths that occur from diseases that may be preventable, such as cancer, diabetes, heart disease and stroke.

Key features of the new preventive benefits are the "Welcome to Medicare" physical exam for new Medicare beneficiaries and free cardiovas-

cular screening and diabetes screening. These new benefits have been added to an array of preventive benefits including coverage for screening for weak bones, glaucoma, and cancers of the colon, breast, cervix and prostate.

Living a healthy lifestyle has long been recognized as the best way to stop health problems before they start. Today, a healthy lifestyle means not only doing things like eating right, maintaining a healthy weight, staying active, and not smoking, but also using preventive services that can find potential health

problems early, when treatment works best.

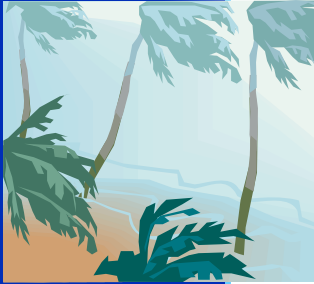
As the value of preventive services has become clear, Medicare services have been improved to provide coverage for these important screenings. Medicare now includes coverage for many services to keep people healthy, no matter what type of Medicare health plan they have.

One-time "Welcome to Medicare" Physical Exam for New Enrollees

For people whose Medicare Part B coverage begins on or after January 1,

Hurricane Preparedness

By Steven Turner



As Hurricane Katrina has shown the whole country, mother-nature's fury is awesome and humbling. Anyone who was or is in Florida knows that the past hurricane seasons have been very active and on several occasions South Florida was hit with hurricanes.

The Florida offices of Caring People take hurricane preparedness extremely seriously. Last year, Hurricane Francis, while only a Category 2 storm when it reached land, took out power to almost 90 percent of Palm Beach County. Try spending a day in South Florida without air conditioning, let alone 10 days, as one of our staff members did last year.

The key to surviving a hurricane is being prepared. Most people now realize that surviving the actual storm is only half the battle, the other is living in the effective area after the storm has passed. Having supplies on hand to live for at least seven days is essential. Water, canned food, medicine, paper supplies, batteries and flashlights are just a partial list of supplies needed to get through a storm.

During preparation for each hurricane, Caring People's Florida operations contact every client to make sure we know where they are going to be during a storm and if they have the proper supplies.

After a hurricane passes we will again call everyone, to make sure they weathered the storm.

If anyone is coming to Florida during hurricane season and has any questions, they can simply call our offices in Palm Beach at 561-865-3498 or Broward at 954-861-6500. We were fully operational during both hurricanes last year and expect to always be in contact with clients no matter what the situation is with hurricane season. Remember, hurricane season runs from June 1 to November 30, 2005.

"The 'Welcome to Medicare' physical exam is a great way to get up-to-date on important screenings and shots,"

(Medicare continued from page 1)

2005, Medicare will cover a one-time preventive physical exam within the first six months that you have Medicare Part B. The exam will include a thorough review of your health including an electrocardiogram, education and counseling about the preventive services you need, like certain screenings and shots, and referrals for other care if you need it. The "Welcome to Medicare" physical exam is a great way to get up-to-date on important screenings and shots, and to talk with your doctor about your family history and how to stay healthy.

Cardiovascular Screening

Medicare now covers cardiovascular screening that checks your cholesterol and other blood fat (lipid) levels. An elevated cholesterol level increases your risk of heart disease and stroke.

These screenings will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet and activity level) to lower your cholesterol

and stay healthy. Your physician may also prescribe cholesterol-lowering medication to help you manage your cholesterol level.

Diabetes Screening

Diabetes is a medical condition in which your body doesn't make enough insulin or has a reduced response to insulin. Your body needs insulin to use glucose (sugar) properly.

People with diabetes have blood sugar levels that are too high; and a high blood sugar level is not good for your health. Free diabetes screening is now available to those at risk for diabetes, which includes people who have high blood pressure, high cholesterol levels, obesity, or a history of high blood sugar. Other risk factors also may qualify you for a free diabetes screening. Talk with your doctor to see if this screening is right for you and how often Medicare covers it.

Cancer Screenings

In addition to the new screenings, Medicare continues to cover routine cancer screenings such as mammograms and screening for cervical and vaginal cancers for women, prostate cancer screening for men, as well as colorectal

cancer screening.

Other Covered Services

Medicare also covers flu, pneumococcal and Hepatitis B shots, bone mass measurements and glaucoma tests.

All of these important screenings and services can help you live a healthy lifestyle and stop potential health problems before they start.

Closing the Prevention Gap

Medicare is working hard to close the "prevention gap"—the difference between the number of people with Medicare who could take advantage of preventive services and those who actually do. Closing this gap could save many thousands of lives and prevent billions in avoidable medical expenses related to preventable complications of heart disease, diabetes, cancer, thin bones, high blood pressure, smoking, inactive lifestyles and other illnesses and unhealthy behaviors.

For more specific information about these benefits and other Medicare preventive services, get a free copy of the Guide to Medicare's Preventive Services (CMS Pub. No.10110) at www.medicare.gov on the web when you select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227).



Do I Need Long Term Care Insurance? By Steven Turner

The need for long term care may begin gradually as you find that you need more and more help with activities of daily living (ADL'S) such as bathing and dressing. Or you may suddenly need long-term care after a major illness, such as a stroke or a heart attack.

If you do need care, you may need nursing home or home health care for only a short time. Or, you may need these services for many months, years, or the rest of your life. It's hard to know if and when you will need long-term care.

There are many ways to pay for long-term care, one way is investing in a long-term care insurance policy. Since long-term care insurance policies are not standardized, compa-

nies sell policies that combine benefits and coverage in different ways. Be sure to shop among policies, companies and agents to get the coverage that best fits your needs. This type of insurance will pay for some or all of your long-term care depending on the "benefits" you purchase.

When the time comes and you need to receive care through your long-term care insurance policy, most insurance companies will send a Registered Nurse to your home to conduct a nursing assessment. The care you require will most likely be based on this assessment. During this visit the Nurse will ask you questions regarding your present medical and physical status. She will ask you to ambulate a short distance, trans-

fer in and out of a chair or bed, and might even ask you to pick up something from the floor. It is at this point she will determine how much assistance you require. Always remember you must need "hands on assist" with at least bathing and dressing to be eligible to access your benefits. Insurance covers personal care only (bathing, dressing, toileting, transferring, feeding and ambulating). These are known as ADL'S (activities of daily living). Basically the more assist you need with ADL'S the more hours you qualify for. This is the best opportunity for you to verbalize and demonstrate the care you need. The nurses' job is to only document exactly what you report to her and what she sees. It is then the care manager's job to determine how many hours of care you require through your long-term care policy.

"Failure to execute the appropriate documents can lead to a

Guardianship proceeding where someone can be appointed by the Court to make life-altering decisions for you if you are incompetent or incapacitated"



Ask the Attorney

What documents do I need to have in place to make sure someone will be able to act on my behalf if ever needed?

Everybody needs to have a Durable Power of Attorney, a Healthcare Proxy and a Living Will.

A Durable Power of Attorney permits one individual to delegate to another the authority to manage his or her day to day affairs such as banking (e.g. check writing), bond and stock, real estate, and business transactions among others. This document is extremely important in the event a person is on vacation or in case there is an emergency that leaves the Principal unable to manage his daily affairs.

A Healthcare proxy allows an individual to

designate someone he or she trusts to make important healthcare decisions in the event of incompetence or inability to make such decisions. Healthcare proxies become effective once the Principal's attending physician determines "to a reasonable degree of medical certainty" that the principal lacks capacity to make his or her own health decisions.

Living Wills are generally used to state an individual's intentions regarding withholding of artificial life sustaining measures. This document specifies one's intentions as to medical treatments and procedures. Even though the living will has not been given legal statutory in NY, it tells the world what procedures a person wants and goes hand in hand with the Healthcare proxy which grants the proxy permission to

withhold these procedures or treatments

Failure to execute the appropriate documents can lead to a Guardianship proceeding where someone can be appointed by the Court to make life-altering decisions for you if you are incompetent or incapacitated. This can be a very expensive and time-consuming proceeding. To avoid this type of legal proceeding you must plan ahead. Put the above documents in place and give yourself the peace of mind you deserve.

Jayson A. Wolfe is an Attorney at the firm of Greco & Wolfe, PLLC in Garden City. His practice focuses on all aspects of Elder Law & Estate Planning. His specialties include long term healthcare planning, guardian ship proceedings, Medicaid planning as well as wills, trusts, probate and real estate matters.

Time for Back to School! By Pam Holubowich

With fall behind us and the sight of the big yellow school bus has been seen on the streets, we are all aware of the sights of children scurrying to their bus stops on a daily basis. As school is in full swing for them, so too can people of all ages take their own initiative to return "back to school." How can we all do this without getting those anxious feelings of butterflies in our stomachs before tests or desponding going to a class in

which we weren't too fond of the teacher? Here's how . . . Take advantage of your local library services.

There's a myriad of programs available in your own community library. I was amazed when I received the newsletter from my own local library. You can join a Book Club, participate in book discussion groups, attend adult programs on a variety of topics

including kicking the smoking habit, estate conservation, classical concerts, swing dancing, defensive driving, computer instruction, weight loss. You can even learn about E-bay and learn how to eat healthy. Craft classes and author celebrations are even available. You can also see a flick in the library auditorium or play bingo.





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Many Ways to Get Help with Enrolling in Medicare Drug Coverage

In the weeks ahead, every Medicare beneficiary will need to make a decision about Medicare's new prescription drug coverage. The goal of Medicare's outreach efforts is to make sure Medicare beneficiaries can make confident, informed and straightforward decisions about the drug coverage. Many resources are available to help beneficiaries find out about the coverage and what it means for them, including pamphlets, electronic materials, outreach events and grassroots education networks.

People with Medicare and those who care about them can call 1-800-MEDICARE(1-800-633-4227) anytime to get assistance with choosing and enrolling in a drug plan. They can also get assistance online at www.medicare.gov. Or they can get local help to make their decisions about coverage from their State Health Insurance Assistance Program, Area Agencies on Aging and other resources in their community. Next week, the Administration on Aging will unveil the Eldercare Locator. By visiting

www.eldercare.gov, anyone can find the location of the Eldercare Counselor nearest them.

Another tool for beneficiaries is the *Medicare & You 2006* handbook, was mailed beginning in early October to every Medicare household. The handbook includes guidance about what Medicare's new coverage means for a beneficiary, based on what kind of drug coverage he or she has now, and guidance on choosing a plan. Medicare has also made available a Medicare Prescription Drug Plan Cost Estimator, a web-based tool that can be used to see what someone might save by joining a Medicare prescription drug plan.

In mid-October, Medicare provided tools that can provide personalized help for people find a drug plan or plans that are a good fit for them, based on what they want. People can prepare to use these tools by thinking about: how they pay for their drugs now, what drugs they take, what coverage they want, and what pharmacies they prefer. For people who think a particular

organization may be a good fit for them, the tools enable them to get personal information about what they can expect with that plan's drug coverage. The tools include a Medicare Prescription Drug Plan Finder to help beneficiaries compare plans based on what they want in terms of cost, coverage and convenience. Medicare will also provide the Medicare Advantage Plan Finder, which will help beneficiaries compare Medicare Advantage Plans based on what matters to them. These tools will be available on line, on the phone, and through Medicare's local Partners.

After a beneficiary has chosen a plan that is a good fit for them, they can enroll on line or by mail, or by calling the plan's toll-free phone number. All of the help sources listed above can provide this enrollment information.