Turn to pages 6 & 7 for Dr. Graddy article and the geriatric services provided through the region’s healthcare systems.
Siblings Take Care of Younger Brother with Alzheimer’s Disease

If Alzheimer’s disease is the hurricane, Avril Carter is the eye of the storm. She is the core where all is calm. All is as it should be. Avril is the older sister to Clarence, who’s been living with Alzheimer’s disease for four years. Oh yes, a sense of humor helps keep the storm at bay.

Clarence had a massive stroke in 2000. He recovered. But the stroke caused a serious brain injury. He lived with his parents until they passed away. Avril did.

The life of a caregiver can be lonely. The Detroit-based Robert and RoseAnn Comstock Day Program gives Avril an outlet, and Clarence an opportunity to socialize two days a week. “Clarence loves Comstock. The staff is very kind and compassionate. And they know how to deal with dementia behaviors,” Avril states. Avril, who gets stressed out being a caregiver, says, “Comstock has given me great relief and the freedom to discover who I am.”

The Day Program also gives Avril an opportunity to socialize with other caregivers and to learn from them. “I don’t feel so alone,” says Avril. “And they help me see what’s down the road. My other support includes my family and friends, friends in the medical field, where I can bounce issues off of them.”

The Comstock Day Program and the relationships she’s formed are the steps she takes to reduce her stress. This combination of self-help gives Avril a fresh perspective on caregiving. Her love for her brother keeps her doing what she’s doing. She says without reservation, “I know if it were me who is living with Alzheimer’s, Clarence would do it for me.”

For more information about the Alzheimer’s Association – Greater Michigan Chapter, visit alz.org/gmc or call 800 272 3900.

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Caregiver Program, a university tested program

Creating Confident Caregivers® uses the Savvy Skills. Learn about:

• Improving caregiving skills
• Managing behaviors
• Caregiver resources
• Dementia and its effects on the brain

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For more information about the Alzheimer’s Association – Greater Michigan Chapter, visit alz.org/gmc or call 800 272 3900.
Observation services are hospital outpatient services you get while under “observation.” This is why it is important to have supplemental or coinurance to pick up charges that Medicare Part A will not cover. Remember, you are still responsible for Part B out-of-pocket expenses. Call the Medicare and Medicaid Assistance Program (MMAP) at 1-800-803-7174 with questions or concerns.

Marilyn J. Lawson
Family Caregiving Consultant

Geriatric Care Managers Cut Down the Resource Maze

Navigating the maze of resources for yourself or an elderly disabled family member is time consuming, frustrating and stressful. It requires having medically-relevant information about the individual to whom you’re providing care. Familiarity with the aging network and eligibility requirements for obtaining the products and services you seek. To expedite the process, it may be time to consult a professional, known as a geriatric care manager.

What is a Geriatric Care Manager?

A geriatric care manager is a professional, often certified, specializing in helping older adults navigate the maze of care. They are sometimes referred to as care managers, social workers or aging consultants. These titles are often used interchangeably.

When would I consult a geriatric care manager?

When you or a loved one are in need of assistance as a result of aging, illness or progression of chronic illness, when a long recovery is anticipated due to loss of mobility, when a family caregiver is overwhelmed with the responsibilities, or when a 10-day hospital stay results in little or no support.

What services will the geriatric care manager provide?

Geriatric care managers first perform a comprehensive assessment of the care-recipient’s circumstances and environment. They conclude with a written needs-based Service Plan of Care. The Plan reflects goals, objectives, expected outcomes, timelines for their accomplishments and relevant resources as identified by you and the care manager.

Where can I locate a geriatric care manager and what does the service cost?

Start by researching these titles in the telephone directory or on the Internet. Ask for educational background, experience and references. Many service organizations like Area Agencies on Aging offer care management services “free” to persons who meet the income and eligibility requirements. However, independent consultants charge a “fee for service” which is based on the level of service selected, up to and including implementing, monitoring and evaluating the Service Plan of Care.

Marilyn Lawson specializes in Long-Term Care Administration. The Plan she develops reflects goals, objectives, expected outcomes, timelines for their accomplishments and relevant resources as identified by you and the care manager. She tells us that the caregiver who refuses to ask for help often exceeds the care-recipient’s ability to cope.

Technical assistance training to support member agencies in their work to provide older Americans with access to benefits.

• Contributions of funding to support the work of its members.

The SRC is managed by a Steering Committee of representatives of its members with support from a small staff. Three co-chairs have taken ownership of the SRC’s activities and governance.

Senior Regional Collaboration Grows Quickly

Founded in 2008, the Southeast Michigan Senior Regional Collaborative (SRC) provides capacity building, program evaluation, and advocacy support to Area Agencies on Aging for its 30 member agencies across southeast Michigan. A strategic plan developed in 2014 set specific goals and initiatives designed to leverage the power of the group’s collective voice to effectively lead and influence policy discussions affecting older adults.

To date, the following initiatives have marked the accomplishments of the SRC:

• A Senior Strong Campaign that includes a website and powerful video stories to highlight the contributions seniors make to our communities.
• Southeast Independence Day and a Senior Financial Empowerment Expo to address the financial well-being of seniors.
• Design of a Quality Aging Matrix to measure the overall quality of life for recipients of social services delivered by SRC members.
• Design and delivery of leadership development programs and technical trainings for its members.
• Technical assistance training to support member agencies in their work to provide older Americans with access to benefits.
• Contributions of funding to support the work of its members.

To learn more about the SRC, visit: www.semisrc.org or call 313-825-2407.

Def·ini·tion

Observation services are hospital outpatient services you get while under “observation.” This is why it is important to have supplemental or coinurance to pick up charges that Medicare Part A will not cover. Remember, you are still responsible for Part B out-of-pocket expenses. Call the Medicare and Medicaid Assistance Program (MMAP) at 1-800-803-7174 with questions or concerns.
Who Decides Your Loved One’s Fate, You and Your Loved One, or the Courts!

Our compassionate staff is dedicated to providing quality healthcare services 24 hours a day, 7 days a week. Our services include, but are not limited to:

- Comprehensive Rehabilitation Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- IV Therapy
- Wound Care Management
- Pain Management

Redefined Excellence in Skilled Nursing and Rehabilitation Services!

Who would stay with him during the day while we worked full-time? Who would take him to his doctor’s appointments and physical therapy? Who would prepare three meals? On top of all of this, how would we take into account Dad’s wishes. Beyond these questions, dormant problems come to the forefront and tend to escalate when families can’t unite to make important decisions. Individual feelings of resentment of those who typically take on the responsibility versus those who do not can quickly hijack the conversation and move it to a place of complete discord. My situation is just one example of so many that could have been effectively resolved by Elder Mediation. Although some issues have to be litigated, there are many that don’t need to be addressed by the Courts because they ultimately may break down family relationships even more.

Elder mediation helps protect the older adult’s right to self-determination by resolving conflict between them, their family and caregivers when communication becomes difficult. The mediator is a neutral-party skilled in conflict resolution that helps facilitate a focused, meaningful conversation so that families can resolve problems. It provides a forum for family decision making that is private, confidential and voluntary.

The average rate for mediation is $200 per hour. However, hiring an attorney can cost hundreds of dollars. If the situation goes to court, there will be additional costs and fees. Mediation generates a more comfortable and cooperative environment where communication is fostered and relationships are preserved. Discussions and financial information are confidential. The older adult’s wishes are paramount and they are included in all of the decisions that pertain to their care.

The older adult’s wishes are paramount and they are included in all of the decisions that pertain to their care. It is important for immediate, but delayed coverage.

Also, if the applicant is over 90 years old, a letter should be included requesting an expedited application. The VA is supposed to give priority to any application for benefits by a veteran or widow age 90 or older.

The VA Regional office is located in the McNamara Federal Building in Detroit along with several Veteran Service Organizations (VSO’s) targeting specific wartime service. Make sure when you contact the office to ask if this is the correct location for the Vet or spouse to submit the application.

To contact the Veterans Benefits Administration call 1-800-222-1234, or visit their web page at http://www.benefits.va.gov/benefits/.

Continued on page 5

To medically qualify, the Wartime Veteran or surviving spouse must need the assistance of another person to perform daily tasks. Blind Veterans, patients in a nursing home for mental or physical incapacity or residents in an assisted living facility also qualify. Applicants must have on average less than $80,000 in assets excluding their home and vehicles to qualify financially.

The application requires service separation documents, a physician’s medical evaluation and proof of net income, plus out-of-pocket medical expenses. There are three main steps in the application process: gathering the necessary documents, filing out the correct application form to submit to the VA along with the required documents and mailing all of the documents to the correct processing center. The veteran — or someone assisting this person — needs to submit VA Form 21-526EZ. A surviving spouse must submit VA Form 21-534EZ.

It generally takes six to nine months for a full approval. However, filing the one page VA Form 21-506EZ — while gathering all the required documents — will convey your intent to file a claim and get you into the system. It is important to know that if the benefit is approved, it is applied retroactively to the date of application. So getting started with the forms is important for immediate, but delayed coverage.

For information, call 1-866-404-4291
Minds on Art

Minds on Art is a free program for people living with Alzheimer’s disease and other dementias and their care partners. This is a unique opportunity for individuals in the early and mid-stages of the disease to create meaningful experiences through art discussion. This program provides opportunities for social engagement and cognitive stimulation in a safe and inspiring environment. Call 800-272-3900 to pre-register, for a pre-assessment or for more information.

To qualify, applicants must complete a simple application (http://wdet.org/DRISrequest), and either be registered with the Library for the Blind or include a written statement (on letterhead) from a healthcare professional verifying the presence of a qualifying disability. Qualifying conditions include, but are not limited to, blindness, vision impairment, cerebral palsy, multiple sclerosis, severe arthritis, amputation, or spinal cord injury.

DRIS is a special audience service of WDET 101.9 FM and Wayne State. For more information, contact Myreo Dixon at m2909@wayne.edu, or 313.577.4224.

Reduced-Fee Family Mediation Services Available

Where Elder Mediation Can Help:

• Guardianship /Conservatorship or how to avoid
• Addresses the needs of older adults other than family members and caregivers
• Estate, trust, and probate matters
• Consumer issues. Bill-paying, landlord-tenant, contract, insurance issues
• Facilitating communication issues with older adult at the center
• Decision making including end of life issues
• Health / medical / financial decisions
• Living arrangements. Where? Wh/whom? Who decides?
• Personal care, household care and maintenance
• Safety / risk taking / autonomy
• Family relationship issues (new or long-standing)

Provided by ADR: TeleSeminar Mediating Elder Law Cases: The New Frontier

As a response to the need to prevent elder abuse, Neighborhood Legal Services - Great Lakes Legal is currently implementing an Elder Mediation Center for older adults and their families. The center will provide mediation services on a reduced-fee sliding scale starting late summer or early fall of 2016. They will also be hosting an Elder Mediation Training on June 8-9, 2016, from 8am-5pm at Wayne County Community College-Western Campus in Belleville. For more details, please contact Antonia Harbin at 313-937-8291 ext. 106, or Antonia B. Herbin, MBA, JD is the program manager at Neighborhood Legal Services Elder Law and Advocacy Center for the MI Health Link Program and the Great Lakes Legal Mediation Division.

Embrace the possibilities

Detroit Senior Living Communities*
Top Detroit Area Eldercare Doctor Decided on Career at Age Sixteen!

S he’s compassionate, caring, and loves elderly patients. A board-certified Geriatrician, Gwen Gaddy-Dansby, M.D. has been serving Detroit’s senior citizens since 1987 when she joined Henry Ford Health System (HFHS).

During her tenure with HFHS she has served as Medical Director for the Boulevard Temple nursing home, clinic geriatrician and since 2001, Medical Director of Michigan’s first PACE program.

PACE or the Program of All-Encompassing Geriatric Care, was created in 1987 to address the unique needs and problems associated with aging, providing a comprehensive physical, social and economic health care delivery system.

“Not a lot of medical students and residents go into geriatric care,” Gaddy says, “but the sub-specialty pays a lot less than other fields. But geriatrics also requires that the physician be able to provide optimal care for patients with multiple chronic and functional disabilities.”

Dr. Gaddy says her grandfather has a lot of perseverance when she treats patients. She will exhaust all avenues until she identifies what the problem is and how to resolve it,” said one PACE Southeast Michigan participant.

Dr. Gaddy says that she decided at age 16, to become a geriatrician. Her desire to help her grandfather die at 78 from metastatic prostate cancer. “I do not think that he may have been able to live longer or suffer less if he had sought treatment for his pain. I decided then that I was going to do something about this. I always had a sense that older people are important. They deserve quality care.”

For 15 years and counting, Dr. Gaddy has served as Medical Director of the program that is now called PACE Southeast Michigan, a nonprofit health care organization co-sponsored by Henry Ford Health System and Presbyterian Villages of Michigan.

“Our program focuses on improving and maintaining not just quality of life but quality of death and dying.” During her dedicated time as Medical Director, Dr. Gaddy has some distinctive accomplishments. She created the center’s first hospice program, now called Comfort Care. She has managed several programs that helped reduce hospital readmissions and she expanded the behavioral health treatment to include individual and group therapy.

The adult child of an 87-year-old man, Dr. Gaddy is a graduate of the University of Michigan and Wayne State University School of Medicine. She has been consistently named as “Hour Detroit Magazine’s” Top Doc. In 2015 she received the Henry Ford Health System’s Diversity Medal Award and her grandfather was named Crain’s (Detroit Business) Healthcare Hero.

“I love what I do and I love my patients. I value the role that I play in their lives,” said Dr. Gaddy. “Our elderly are the most vulnerable. They deserve it.”

Metro Detroit Healthcare Systems Offer Specialized Geriatric Services for Senior Citizens

DMC has several special centers dedicated to geriatric care. The most well-known addition is The Rosa Parks Geriatric Center at DMC Detroit Receiving Hospital.

Unlike the center’s facilities Rosa Parks’ offers newly enrolled Medicare Part B as a “Full Welcome to Medicare” exam which includes a comprehensive fitness program for being on Medicare. It was specifically designed to make it easy for a patient to see their regular doctor. Their geriatricians work with a consumer’s regular doctor to best manage their health. Nurses specializing in seniors can help patients during their regular appointments, and when they come for special tests or to work. The staff gets to know a consumer as more than a patient, but as a neighbor and a friend.

The center offers a full medical team, able to treat the most common problems as well as the most extreme ones. This is possible because the Rosa Parks Geriatric Center is co-sponsored by Michigan’s top geriatricians.

Common issues treated include:

• Heart: from wellness to ongoing care
• Stomach and digestive conditions

Dr. Graddy says her grandfather’s death and the saw the suffering leading up to it inspired her to specialize in geriatric medicine.

ENCORE CAREERS. Retirement is an opportunity to do something you’re passionate about and maybe for your heart’s sake! Boomers profiled in this column are doing just that.

CarePatrol Partners Take the Worry Out of Senior Placement

About the time you realize your elderly loved one needs assistance or can no longer live alone, a CarePatrol list is there, treating you in every unfamiliar territory. In addition to learning about your loved one’s health condition, it is also possible that everything else you may want to know helped you from a Certified Senior Advisor (CSA) are trained professionals, knowledgeable in the health, social, and financial issues critical to aging adults — who assist with senior housing placement — for free.

Metro Detroit Healthcare Systems Offer Specialized Geriatric Services for Senior Citizens

Five points to consider when looking for health care services for your elderly loved one:

• Know who is coming into the room and what treatment they’re providing

Check List for Caregivers

By Paula Duren, Ph.D.

ENCORE CAREERS. Retirement is an opportunity to...
low thyroid gland output is regulating the metabolism. A
their thyroid gland, which feel cold. People who are cold
If we have low energy, we can leading to deceased energy.
our metabolism slows down people feel cold. As we age,
potential reasons why older
Always Freezing?
helping to alleviate that their metabolism, ultimately
If they remain active and have less insulation, which develop poor diets resulting from inadequate fat storage, they have less insulation, which can also cause feeling cold. If they remain active and eat well, they can elevate their metabolism, ultimately getting to alleviate what constitutes cold sensation.
Why Are Our Elders Always Freezing?
According to the University of Nevada-Family Medicine Department there are several potential reasons why older people feel cold. As we age, our metabolism slows down and we have less body fat. If we have low energy, we can feel cold. People who are cold may also have problems with their thyroid gland, which regulates the metabolism. A low thyroid gland output is called hypothyroidism. One symptom is feeling cold. Further, some elderly people become less active and develop poor diets resulting in weight loss. Without adequate fat storage, they have less insulation, which can also cause feeling cold. If they remain active and eat well, they can elevate their metabolism, ultimately getting to alleviate what constitutes cold sensation.

Make a Calming Dementia Fiddle Cushion

Need ideas on how to calm someone with dementia? Try creating a Fiddle Cushion. A simple cushion with sewn on zippers, buttons, snaps or anything that could engage your over-stimulated and agitated loved one. It’s a great sensory item for people living with dementia, and it helps them to focus, relax and promote a sense of well-being. We got the idea from Pauline who made these cushions for residents of the Balthouse Care Home in Luncarty, Scotland.

Beaumont’s Geriatric Evaluation

The Beaumont Geriatric Evaluation Center provides a comprehensive evaluation for issues impacting aging adults: Cognitive impairments and dementia Medication problems Falls Multi-morbidity issues affecting quality of life Anxiety and depression Advanced care planning Family caregiver resources Community resources and services Free living planning and services

Families may be concerned that a locomotive is not managing at home alone and may benefit from an in-depth evaluation of a specialist. This includes: exhibiting changes in daily routines or habits, withdrawal, exhibiting changes in daily circumstances, adjustment, or behavior. Friends and family members who are able to address their unique and specific physical, mental and emotional needs in a personalized manner, says Mirza Beg, M.D., division head of Geriatric Medicine at Henry Ford Health System. For more information visit henryford.com/seniors. To schedule a Geriatric Clinic appointment, call 1-800-HENRYFORD (436-7966). From Henry Ford’s medical centers and hospitals to its physician in-home patient visits, they are proud to offer services tailored specifically to people as they age. At three metro area Geriatric Clinics, they offer comprehensive assessment consultations that evaluate a senior’s memory and cognition, fall risks, weight and nutrition needs and other health and wellness concerns specific to the elderly population.

Henry Ford’s primary care physicians and geriatricians work with a team of specialists who all aim to help senior citizens avoid the ill effects of aging and remain healthy and vital. Services include the following and more: Behavioral Health Home Health Care PACE Southeast Michigan Falls Prevention Clinic Vision Rehabilitation Center Visiting Physicians “Just as children have their own unique issues that require specialized treatment by a pediatrician, some senior adults should also have specially-trained medical professionals who are able to address their unique and specific physical, mental and emotional needs in a personalized manner,” says Mirza Beg, M.D., division head of Geriatric Medicine at Henry Ford Health System.
Medicare and Medicaid: What’s the Difference for Seniors?

Medicare and Medicaid sound similar but are very different. Both can help you pay for healthcare. But Medicare is an entitlement for seniors— and some younger people with disabilities— while Medicaid is a public-assistance program for needy Americans of all ages. Here’s how to tell them apart.

Medicare

- Part A: Hospitalization coverage
  - (no fee) covers a large portion of hospital-related costs. It only includes what’s medically necessary and skilled care. To qualify, you or your spouse need to have worked at least 10 years and paid Medicare payroll taxes while working.
  - Part B: (optional) pays a portion of non-hospital medical care such as doctor visits and other outpatient services. There is a monthly fee for this program. It operates much like the healthcare coverage provided by employers. A menu of offerings is available with a variety of coverage options, co-payments and monthly costs.
  - Part C: (optional) “Medicare Advantage” is a privately purchased supplemental insurance that provides additional services and will provide a portal through which all of one’s Medicare services offered by Part A and Part B can be accessed. The private provider also covers some services not provided by Parts A and B.
  - Part D: (optional) is prescription drug coverage with a monthly fee that varies based on the coverage options you choose. Part D holds an open enrollment session November 15 - December 31 each year, during which time participants can choose to change their coverage options. Medicare recipients have to seriously review their plan upon eligibility because the cost of Part D increases each year for individuals who choose not to participate immediately upon eligibility.

Because Medicare has gaps in coverage (no vision, no dental, no long-term care for example) you’ll likely want additional coverage.

The Medicare program is designed to provide acute and regular medical care, not the cost of non-medical services and supports you might need for assistance with basic personal tasks. As such, Medicare’s coverage for long-term needs is extremely limited. Typically, Medicare pays up to 100% of your costs in a nursing home for the first 20 days. Once 20 days have passed the beneficiary is responsible for a co-insurance amount for days 21 through 100 for each benefit period. Supplemental insurances help to meet these expenses.

In order for Medicare to pay for your medical care after hospitalization, you must meet three criteria:

1. The 72-Hour Rule - You must have been hospitalized for at least three full days and three full nights.
2. Medical Necessity - Your care must use the following:
   - Part A - Hospital Insurance
   - Part B - Medical Insurance
3. Places Where Care Can Be Given - In almost all cases, patients must be discharged directly to a nursing home for further care. Or if they’ve recovered, back to their home.

With some exceptions, Medicare only pays for medically necessary skilled care in a nursing home. If one is confined to their home and needs skilled care, Medicare may pay to have a caregiver come to your residence for end-of-life or hospice care. Medicare is not designed to provide assistance to keep you in your home or in an assisted living facility. Providing funds for long-term care is the role of Medicaid and long-term care insurance.

Medicare has very limited coverage for nursing homes and seniors who need to be in one sometimes try to qualify for Medicaid as well, especially if their spouse still resides in the community and needs their money for living expenses.

Medicaid, unlike Medicare, which is available to everyone, has strict eligibility requirements. The Medicaid program is federally mandated to serve poor and elderly people. However, Medicaid recipients must have no more than a few thousand dollars in liquid assets. Seniors who have more than the allowable assets may need to "spend down" until they reach a qualifying income level.

Medicaid is often used to fund long-term care (nursing home, home health, etc.) which is not covered by Medicare or by most private health insurances. The high cost of such care and the requirement that Medicaid recipients have virtually no assets has fostered a cottage industry of attorneys who specialize in helping people divest their assets so that they qualify for Medicaid. However, there is a look-back period of 7 years during which assets cannot be divested.

Individuals enrolled in Medicare and Medicaid in Michigan— called dual-eligible— may qualify for a single state program called MI Health Link. The program coordinates a broad range of services including health care, behavioral health care, pharmacy, home and community based services and nursing home care. To qualify, you must live in a qualifying county, have full Medicaid and Medicare and not be enrolled in hospice.

The Alzheimer’s Association-Greater Michigan Chapter offers numerous services available to more than 18,000 Michigan residents living with Alzheimer’s disease or other related dementias. Our services provide care and support to help navigate through the disease process and include:

- Robert and Rowena Cottum Day Program located in Detroit
- Minds on Art Program at the DIA
- Support and Education at home

For more information about our programs and services, please contact our Helpline at 800 272 3900.

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For more information please contact:
Charles Timms: 313-498-8041 or Rhea Jones: 586-386-7204

The Scandinavia Society’s Minds on Art Program at the DIA can be accessed.

Harbor Health, HarborMedicarePlans.com

Urban Aging News