



Elder Visions

Spring 2005 Newsletter

The National Indian Council On Aging

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2004-2006

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Sorting Out the New Prescription Drug Law

The new Medicare prescription drug benefit, often referred to as Medicare Part D, begins January 1, 2006. This new benefit is likely to be confusing for the many elderly and disabled American Indians and Alaska Natives who get their medicines at Indian health pharmacies and dispensaries. Those currently on Medicaid and Medicare will be automatically enrolled in a private drug plan this fall and will lose Medicaid coverage on January 1. This auto-enrollment will not necessarily include assignment to the Indian program (whether operated by Indian Health Service, Tribes or urban Indian health programs, known as I/T/Us) where the beneficiary may seek service.

Indian health programs are concerned that those who are automatically enrolled are assigned to, or choose, a plan that includes the I/T/U. They are also concerned that, many of their pharmacy users who are not automatically enrolled will fail to enroll in the private drug plans and continue to rely on their Indian pharmacies for their prescription coverage. If low-income elderly and disabled are not enrolled in the new Medicare program, and in a plan that includes their Indian health program, their Indian programs will lose significant revenue.

The I/T/Us are also anxious to assure that all elderly and disabled pharmacy users, not just those on Medicaid, are able to enroll in the Medicare program without cost. For those with somewhat more income the Medicare program requires cost-sharing, including payment of premiums, deductibles and coinsurance. By failing to exempt all elderly and disabled Indians and Alaska Natives from all cost-sharing, the Medicare prescription drug act neither adequately protects Indian health programs nor recognizes the unique relationship of American Indian and Alaska Native people to the federal government, including the right to free and comprehensive health care.

Until the law can be amended to address these issues, Tribes and Indian health programs will want to begin an extensive outreach effort to

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NICOA Staff

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Greetings from the Chairman's Canoe

Ahklacha. The title above refers to my life outside of my responsibilities as a Quinault Tribal Councilman and for NICOA when I can usually be found on my commercial fishing boat off the coast of the Olympic peninsula in Washington State. As a former Title VI Director for my Tribe and an advocate for Indian elders over the past 30 years, I am humbled and honored to serve as your Chairman.

As you can see from the redesign of the newsletter, many changes have occurred in the past few months under the leadership of our new Executive Director. Traci is working not only to make our organization more responsive to you, but also to develop a strong team internally to grow and expand our efforts on your behalf. She shares the Board's vision that NICOA must be mission driven and truly become the advocate for Native elders that Tribal leaders intended when they met in Phoenix, Arizona, to call for the formation of a national organization back in 1976.

With that in mind, I believe you will continue to witness the changes when we all meet together next year in Tulsa to celebrate NICOA's 30th anniversary. We'll convene our biennial conference at the Tulsa Convention Center from September 15-19, 2006, showcasing the history and accomplishments of the organization as well as honoring those who made it all

possible. I hope you will start making plans now to join us.

Please take time to read through the informative articles featured in this edition. Helen Spencer offers her assessment surrounding how the new prescription drug plan (Part D) will operate in the Indian health care delivery system. NICOA will be working diligently to help educate elders about these important changes. Carolyn Holmes explores how NICOA's Diabetes Education and Outreach Strategies (DEOS) Project assists elders and Tribal communities in finding their own culturally appropriate ways to address this devastating disease. The important work of helping elders access all the benefits they are entitled to is detailed in Emma Medicine White Crow's piece on the Washington State Demonstration Project. This edition also highlights the challenges facing Indian elders' participation in the SCSEP Program; and, I personally ask each of you to join the Board of Directors in advocating for this important program.

The Board of Directors and staff would love to hear from you and welcome your input. We think you'll appreciate the changes being made from our newsletter format and website design to the way we proactively advocate on your behalf. I want to thank each of you ("Maaseedt") for your continued support of NICOA. ■

Senior Community Service Employment Program (SCSEP)

Since 1989, NICOA has operated the Senior Community Service Employment Program. During that time NICOA has increased our authorized service level from under 200 participants per year to our current level of 836. Over these 17 years, the Department of Labor has increased our funding from under \$2 million to just over \$6 million.

The purpose of this program is to provide low income elders the opportunity to enhance their skills while providing valuable community service to local non-profit or government agencies. Some participants have gained enough skills to go on to permanent employment which is one of the program goals.

Currently, NICOA provides SCSEP training opportunities in fifteen (15) states and until this year had no difficulty in finding eligible participants who could take advantage of this opportunity to gain skills and supplement their income at the same time. However, with new regulations and definitions of income, an unintended outcome may be occurring. Since July 1, 2004, NICOA and other national and state sponsors have had a difficult time with enrollment because of the changes. Efforts to relax some of the income

guidelines have only resulted in minor changes which became effective January 2005.

In addition to the more restrictive income guidelines, the Department of Labor has imposed a data collection system that is extremely cumbersome and time consuming. The effect of this is to take the focus off what should be our primary concern, which is taking care of our elders who need the services that SCSEP can provide.

NICOA's Executive Director, Traci L. McClellan, and SCSEP Director, Frieda Clark, have met with DOL officials and will continue to seek relief from DOL to further relax the income guideline changes that seem to keep some low income elders from participation in SCSEP. It is very important for elders, Tribal leaders and our host agencies to join in the organization's advocacy efforts to bring about the needed changes. If you have questions about how you can assist, please contact us by calling (505) 292-2001 or email frieda@nicoa.org. ■

*By: Frieda Clark,
National SCSEP Director*



SCSEP Field Staff

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Lena Kelly
Project Manager
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Office Manager

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Project Manager

IDAHO, NEVADA, NEW MEXICO, MONTANA, AND WASHINGTON

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Wesley Begay, Navajo
Administrative Assistant

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TULSA AREA

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Tulsa Area Manager

LAWTON AREA

Elaine Noyebad, Comanche
Employment Specialist

Sylvester Crowe



Sylvester Crowe is a member of the Eastern Cherokee Band of Cherokees, a Tribe that was separated by the Trail of Tears. He was born on the Cherokee Indian Reservation in Cherokee, North Carolina, and still resides there.

Mr. Crowe has been a NICOA Board Member for a little over six months and is one of the newest members of NICOA's Board of Directors. What he likes most about his board position is meeting with and encouraging other elders to live a more healthy life. Sylvester says, "I have not met a stranger yet." He believes that every person should be respected for their own culture, identity, and religion.

Sylvester looks forward to meeting elders throughout the large Central area that he represents. He actively wants to advocate the concerns of American Indian elders in the eastern half of the United States.

In his spare time, Mr. Crowe enjoys fishing, riding his Harley Davidson motorcycle, and carving all sorts of hand crafts. ■

Helping Elders

The Community-Based, Grassroots Approach

Indian traditions and values provide pathways to learning and understanding. Elders know that diabetes is a terrible disease and they ask for help in understanding what diabetes is and how they can live with it. They need people they trust to explain to them using words, stories and images that are clear to them. They want to tell their stories to their children and grandchildren to help them avoid diabetes.

Creating common understandings about important issues among elders is the best way to help Indians manage their diabetes and help prevent it in their families. Tradition provides the grist for common understandings which may then lead to healthy lifestyle changes. When medical concerns impact Indian life, they must be reconciled with tradition and elders' preferred behavior. Without tradition and preferred behavior coming together, medical advice may not be followed. Community-based Indian diabetes education must account for cultural concerns and preferences that can lead to increased awareness and lifestyle changes.

Learning About Diabetes Is Important

Learning about diabetes includes learning how the disease affects a person's life and learning how to control the illness so a person can live a happy and long life. The Indian Health Service reports that more than half of Indians with diabetes take part in self-care classes, diet education and physical activity. But, as the percentage of Indian adults who have diabetes increases, the percentage of diabetes patients who take part in these activities has been going down. More people are getting diabetes and fewer of them are learning how to manage their disease. As one diabetes educator put it, "We start with seven or eight people in the first class and are alone for the last class."

Getting Elders More Involved

The National Indian Council on Aging (NICOA) received a REACH 2010 grant from the Centers for Disease Control (CDC) to develop ways to empower elders to lead their communities in diabetes education. The project focuses on Indian tribes and organizations in Minnesota and New Mexico and is known as the Diabetes Education Outreach Strategies (DEOS) Project.

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Manage Diabetes

There are several organizations spending large amounts of money on the treatment and management of diabetes in Indian Country. The focus of the DEOS Project is helping those organizations working on diabetes education to become more effective at the grassroots level – In the villages and communities where diabetes patients and their families have to deal with the effects of the disease every day.

NICOA's DEOS staff reach out to diabetes educators, Indian healthcare organizations and diabetes organizations and offer some basic support for becoming more effective in their diabetes education work.

Coalition Building

In Minnesota, DEOS staff are working with urban Indian organizations and elders to build a coalition of support for their diabetes education efforts among Indians who live in the Minneapolis/St Paul metropolitan area. Last October, a Town Hall Forum on Diabetes and other healthcare issues was organized, promoted and supported by newly formed Twin Cities Urban Indian Coalition called "Elders Speak." On a very rainy day 125 elders, agency representatives, government officials and healthcare workers came together for the first time to discuss and begin to solve the unique issues that confront urban Indians who do not receive vital health care services.

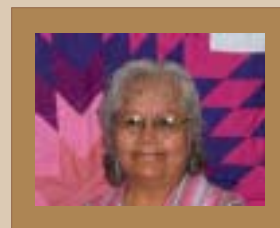
Also in Minnesota, the Mille Lacs Band of Ojibwe decided to start a DEOS Coalition for their Tribe. They received two grants to fund staff and diabetes education activities. DEOS staff have provided community development training and the Tribe's diabetes educators are partnering with DEOS to sponsor a "Healthy Changes" support group training for healthcare workers, tribal leaders and elders in preparation for developing an elder-led diabetes education program for their people.

The New Mexico Diabetes Education Coalition has representation from most of the Pueblos and Mescalero Apache Tribes in New Mexico. The Coalition has sponsored two major events within the past two months. With the leadership and strong support from the New Mexico State Department of Indian Affairs, the "Living Healthy with Diabetes: A Collaborative New Mexico Summit" was held on January 19, 2005. Three cabinet-level department officials spoke at the meeting in Albuquerque with other speakers who described their programs and explored issues related to diabetes care, management and education. A Diabetes Education Steering Committee was formed from the Summit and meets

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NICOA Employee Feature

Phyllis Walker



Always found with a smile on her face, Phyllis Walker serves as a Records Compliance Clerk in the SCSEP Department. She is a member of the Navajo Tribe. Although, born in Fort Defiance, Arizona, Phyllis has most of her life lived in Texas and Florida.

Phyllis is one of NICOA's SCSEP success stories. She started as a trainee with AARP first, then transferred to NICOA. She has been with NICOA for almost one and a half years. Her skills in the clerical field and her ability to get along with everyone has facilitated her successful transition from trainee to permanent employee. She states, "I enjoy working with my co-workers, reviewing trainee files, and assisting with processing their payroll."

Her favorite activities outside of work include reading and spending quality time with her grandson. One unique aspect of Phyllis' life includes raising her grandson, Bradley. Phyllis lost her daughter in a car accident when Bradley was only two years old and Phyllis has cared for him ever since. Together, they enjoy solving puzzles, and listening to contemporary christian music and positive talk shows on the radio. She says, "Bradley inspires me to be the best person I can be." ■

Washington

Tribal Benefits Counselors & Tribes They Work For

Gerri Brickey (Cowlitz)
Cowlitz Tribe
Longview, WA

Ben Charles (Elwha Klallam)
**South Puget Inter-Tribal
Planning Agency (SPIPA)**
Shelton, WA

Carole Davis (Tulalip)
Northwest Regional Council
Bellingham, WA

Loretta Delora (Gros Ventre/
Assiniboine/Seneca)
**United Indians of
All Tribes Foundation**
Seattle, WA

Dulcie George (Yakama)
Yakama Nation
Toppenish, WA

Joanne Leith (Colville)
**Confederated Tribes
of the Colville Reservation**
Nespelem, WA

Shelley McCrory (Quinault)
Quinault Indian Nation
Taholah, WA

Lorna Squetimkin (Colville)
**Confederated Tribes
of the Colville Reservation**
Nespelem, WA

Marilyn Steeves (Makah)
Makah Tribe
Neah Bay, WA

Esther Williams (San Carlos
Apache)
Upper Skagit Tribe
Sedro Woolley, WA

Providing Access

As our Indian population increases and ages, there is a corresponding greater urgency to improve elders' access to health and social services. Through previous studies, the National Indian Council on Aging (NICOA) has developed evidence that employing Tribal community members to counsel elders is an effective strategy for connecting our elders to outside financial and health services they desperately need but often fail to receive. American Indian and Alaska Native elders need education and assistance to breach the barriers that prevent their access to benefits they have earned and to which they are entitled.

In 2004, Senator Patty Murray earmarked an appropriation for a demonstration project in Washington State to increase access to social services by Indian elders. These funds administered by the Administration on Aging and contracted to the National Indian Council on Aging (NICOA) placed Tribally enrolled Benefits Counselors on supportive reservations. NICOA subcontracted with Kauffman and Associates, Inc. (KAI) in Spokane to manage this innovative statewide project. The Benefits Counselors are employed by NICOA and managed by Emma Medicine White Crow of KAI, from her office in Seattle.

The primary goal of NICOA's Demonstration Project is to increase the number of Indian elders who access needed health and social services (including Veterans' benefits) in the State of Washington. Providing individualized training and support to members of Indian communities to enable them to identify, contact and effectively assist Elders in obtaining benefits has the potential to simultaneously address many of the historic barriers that have prevented past utilization. This effort will allow needs identification and responses to be customized for each community, acknowledging that generalized training and service approaches are often limited in addressing the unique sets of needs and culture of individual Tribes.

NICOA believes the most significant finding from its recent project in New Mexico, Minnesota, Montana and Seattle, Washington, is the acute lack of knowledge about the Social Security disability benefit programs – both disability insurance and supplemental security income. Lack of knowledge and reluctance to seek it from government offices is particularly acute among traditional Indian people who are reluctant to admit to disabling conditions. Many of these issues



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to Critical Benefits

play out among our Native people when a claim for disability benefits is denied, as is the case in the great majority of initial claims. Once a Native person receives the standard letter of denial, the history of painful relationship with government repeats itself. Very few Native people ever approach the Social Security Administration for reconsideration or appeal. Even if the denial is based on a technical issue like failure to get a document in on time, they will suffer in silence before appealing. Disability determinations are made in central locations where there is virtually no personal contact with the claimants and no way to know or learn of the culturally based issues Native claimants face. Private law firms have emerged to help denied claimants appeal but these services are almost non-existent in Indian Country. Tribal agencies and the Indian Health Service benefits staff are unable to take on the overwhelming time commitment and documentation requirements to pursue appeals. NICOA expects that their Benefits Counselors will be able to devote significant time to assist elders in the appeals process. NICOA will also seek partnerships with Tribal attorneys to assist in appeals proceedings.

To accomplish these objectives, NICOA is working in partnership

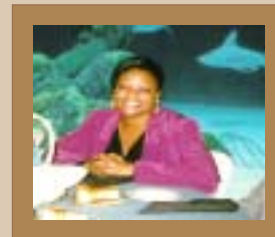
with Washington State Tribal Nations, South Puget Inter-Tribal Planning Agency, Northwest Regional Council on Aging, and United Indians of All Tribes Foundation. This collaborative effort has placed ten Tribal Benefits Counselors to work in sixteen Tribal/Reservation communities and one in an urban Indian Organization. Tribal Benefits Counselors assist Tribal Elders in accessing social service programs such as Medicaid, Social Security, Medicare, COPES, Basic Food Program, Veterans' benefits and Older Americans Act programs. There are a total of ten Tribal Benefits Counselors working in the following Tribal Nations: Lummi, Nooksack, Samish, Sauk-Suiattle, Swinomish, Upper Skagit, Makah, Quinault, Port Gamble S'Kallam, Cowlitz, Chehalis, Nisqually, Shoalwater Bay, Skokomish, Squaxin Island, Colville (2), Yakama and a Seattle urban Indian organization.

At the end of this Demonstration Project, NICOA will work with KAI to develop a Tribal Tool Kit on lessons learned to be shared across Indian Country and build on those lessons for a national effort to ensure American Indian elders everywhere access all benefits to which they are entitled. ■

*By: Emma Medicine White Crow,
NICOA Washington State
Demonstration Project Coordinator*

NICOA Employee Feature

Sharon Dukes



Sharon Dukes was born in Bremehaven, Germany, and raised in San Francisco, California.

Sharon has been working in the SCSEP Michigan Field Office as a Project Manager for the past four years. Her appreciation of our elders as a valued resource brought her to work for NICOA. She says, "I like interacting and connecting seniors with training & employment positions." In fact, Sharon believes important lessons she has learned from elders are to: appreciate life's experiences; avoid complicated relationships that do not compliment your spirit; and treasure your independence.

Her enthusiastic approach to life directly resonates in her work with the elders in the Detroit area. ■



*NICOA Board Chairman,
James De La Cruz, Sr.
Addressing Tribal leaders at
NCAI's Executive Council Winter
Session on March 01, 2005*

Mark date for decade wait **WHCOA Update**

By law, the White House Conference on Aging (WHCOA) occurs every ten years and provides the President as well as other federal and state officials the opportunity to focus on issues of concern to older Americans. This year's conference will be held October 23-26 in Washington, DC. The majority of the conference's work begins long before the actual event. Starting early last year, various federal, state, and local governments as well as organizations conducted listening sessions on a variety of topics concerning older Americans, including the proposed changes to Social Security, the new Medicare prescription drug (Part D) program, long term care, grandparents raising grandchildren, and many more. The Administration on Aging held three listening sessions throughout Indian Country last year. (For transcripts of these sessions, visit <http://www.olderindians.org>.)

Since January, the focus has shifted to hosting solutions sessions, which will result in resolutions forwarded to the WHCOA Policy Committee and, hopefully, for consideration by all 1200 delegates at the WHCOA in October. NICOA, in partnership with the National Congress of American Indians (NCAI), will host a solutions session during the upcoming NCAI Mid-Year Session in Oneida, Wisconsin from June 13-16, 2005. During that week, NICOA will provide an overview of the conference, train the 19 delegates appointed by NCAI, and guide the approval process for resolutions going forward from Indian Country to the entire WHCOA delegation. After the solutions session concludes, NICOA will prepare and submit a report to the WHCOA Policy Committee by August 1st chronicling the session's outcomes, including resolutions approved by the delegates and those in attendance.

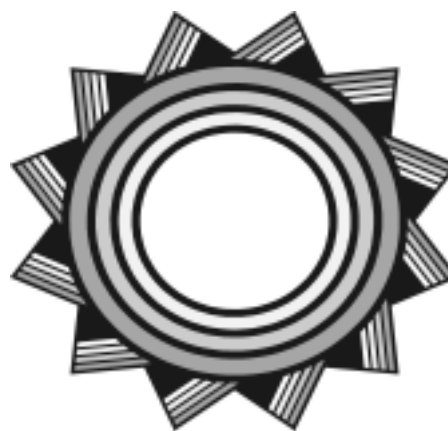
To learn more about the WHCOA, visit <http://www.whcoa.gov>. For more information about attending the NCAI Mid-Year Session in Oneida, WI, visit <http://www.ncai.org>. ■

Helping Elders Manage Diabetes

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regularly to organize support for grassroots, community-based diabetes education programs.

The first DEOS sponsored "Healthy Changes" diabetes support group training occurred in Albuquerque, New Mexico, from January



25-26, 2005. Thirty five diabetes educators, CHRs and elders from nine Tribes participated in a three-day training session to learn how to organize grassroots diabetes education activities for their home communities. DEOS staff will follow up this training with organizational support and technical support for the activities Tribes choose to develop for their communities.

A Parting Thought

Elders with diabetes and their families need to know that diabetes is not a death sentence. They need to know that this disease does not have to rob them of their dignity. They need to know that some adjustments in their lifestyle to manage their diabetes, a few changes in their eating habits and some regular, mild exercise may help them live longer and better enjoy the gifts of life. They deserve to know these things. ■

*By: Dr. Carolyn Holmes,
NICOA Consultant*

Sorting Out the New Prescription Drug Law

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educate elderly and disabled Tribal members about the new program. Most of the elderly and disabled will be eligible for federal subsidies to cover most if not all the premiums, deductibles and coinsurance included in the new program.

Starting this May and continuing through mid-August, the Social Security Administration (SSA) will send notices to Medicare beneficiaries who might be eligible for subsidies and will include a subsidy application form. The Centers for Medicare and Medicaid Services (CMS) will send out a notice in June to people who will be automatically deemed eligible for the low-income subsidies, telling them they do not have to apply to be eligible. During October 2005, CMS will send information to all Medicare beneficiaries describing the available Part D plans.

For those on Medicare and Medicaid the automatic enrollment will start at the end of September and continue to November 10. Those assigned early on might not have information on which plan or plans include their Indian pharmacy. Those unhappy with the plan they have been assigned to will be able to change. For all others, the enrollment period for Medicare Part D will be November 15, 2005, to May 15, 2006.

Being eligible for a subsidy does not mean that an individual is enrolled in a prescription plan. For example, those not on full Medicaid but on the Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare Beneficiary (SLMB) programs (where Medicaid pays some or all Medicare Part B costs) will be eligible for full subsidies but will not be automatically enrolled in the Medicare drug program. There is concern that many elderly and disabled Indians and Alaska Natives who are not automatically enrolled may not take steps to affirmatively choose a prescription drug plan, or may not know enough to choose a plan that includes their Indian health program in its network.

Because so many elderly and disabled Tribal members are low income, Indian health programs and advocates will need to be familiar with the various subsidies that are available, and what each means for the individual and for the Indian health program. The regulations identify

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New Preventive Services Under Medicare

Thanks to the passage of the Medicare Modernization Act (MMA), millions of people with Medicare will be able to live longer and healthier lives because of new preventive services that went in to effect in January, 2005. The new benefits include a one-time "Welcome to Medicare" physical exam for new beneficiaries, cardiovascular screening and diabetes screening, all of which will help in the early diagnosis and treatment of disease.

The Centers of Medicare and Medicaid Services (CMS) joined forces with the American Cancer Society (ACS), the American Diabetes Association (ADA), and the American Heart Association (AHA) and have developed materials for elders to reference and learn about the new preventive benefits.

You can get additional information by visiting <http://www.cms.hhs.gov/partnerships>.

This information has been provided by the Centers for Medicare and Medicaid Services.

Upcoming National Events Future Events

- **May 17-18, 2005**
7th Annual HHS Tribal FY 2007 Budget Consultation Session, Washington, DC
Contact JT Petherick at (202) 742-4626 or visit the "budget" link at <http://www.nihb.org/>.
- **May 23-24, 2005**
5th Annual Oneida Indian Nation Elders Conference, "Use It Or Lose It: The Keys to Aging Well", Oneida, NY.
Contact Jane Rooney at (315) 829-8133 for more information.
- **June 12-15, 2005**
NCAI Mid-Year Session 2005, Oneida, WI
For more information, visit <http://www.ncai.org/>.
- **June 16-18, 2005**
UNM Summer Geriatric Institute, Albuquerque, NM
"A Shoulder To Lean On - Supportive Care For The Frail Elder"
Call (505) 272-4934 for more information or visit <http://hsc.unm.edu/cme>.

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Full-benefit dual eligible individuals - These are the Medicare/Medicaid dual-eligibles who will be automatically enrolled by default in a prescription drug plan if they do not choose one. They will not have Medicaid prescription drug coverage after January 1, 2006. Dual eligible individuals have incomes of \$579 or less per month and assets less than \$2,000 for a single person or income less than \$869 per month and assets less than \$3,000 for a couple. The dual-eligibles will pay: (1) no monthly premiums or annual deductible; (2) \$1 co-payment for generic drugs and \$3 for brand name drugs; and (3) Medicare pays all other drug costs with no gaps in service.

Full subsidy eligible individuals - There are two full subsidy categories, one based on Medicare eligibility or enrollment and the other based on a relationship to Medicaid:

Medicare Related – Individuals who are entitled to Medicare Part A or enrolled in Medicare Part B; under 135% Federal Poverty Level (FPL) adjusted for family size; non-exempt resources individual, \$6,000, couple \$9,000 to be adjusted according the consumer price index (CPI). For 2005 135% FPL is \$13,000 for an individual and \$17,600 for a couple.

Medicaid Related- 1) Individuals who are on SSI and Medicaid but not Medicare (CMS is encouraging states to enroll the SSI-only populations in Medicare Parts A and B through their Medicare Savings Plans), and 2) those for whom the state has paid Part B premiums and other cost sharing under the QMB program or SLMB. These groups are automatically eligible for full subsidies without application, but will not be automatically enrolled in a prescription drug plan.

These full subsidy eligible individuals will pay: (1) no monthly premium; (2) no deductible; (3) \$2 co-payment for generic drugs and \$5 co-payment for brand name drugs; and (4) no co-payments after out-of-pocket costs have exceeded \$3,600.

The challenge for Indian health programs will be to encourage these categories, with their full subsidies and their potential for full

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Out the tion Drug Law

reimbursements to the Indian program, to enroll in a prescription drug plan that includes their Indian health pharmacy or dispensary. The following category and all unsubsidized enrollments will result in only partial reimbursements.

Subsidy eligible individuals - Individuals under 135% FPL or under 150% FPL, both adjusted for family size, with somewhat more non-exempt assets: \$10,000 individual/ \$20,000 couple annually adjusted to the Consumer Price Index.

At this higher income and resource level, partial cost-sharing is imposed. The beneficiary will pay: (1) a monthly premium based on income; (2) \$50 deductible; (3) 15% of drug costs until the prescription drug costs exceed \$5,100 and out-of-pocket costs have exceeded \$3,600; and (4) co-payments of \$2 for generic drugs and \$5 for brand-name drugs after out-of-pocket costs have exceeded \$3,600.

It is anticipated that elderly and disabled Indians and Alaska Natives are not going to be asked to pay the cost sharing by their Indian health programs, and that the programs' reimbursements will be reduced by the cost-sharing amount. If they choose, Tribal and urban Indian programs should be able to pay the premiums, which will be required for enrollment in the Medicare prescription drug program. It is still unclear if Indian Health Service will also be able to pay the premiums.

Again, the challenge for Indian health programs is to encourage their pharmacy users to enroll in the prescription drug plan that includes their pharmacy. Even with cost-sharing the Indian health programs will fare better with partial reimbursement than with no reimbursement at all. The National Indian Council on Aging, along with other Indian health programs, will be providing information and training on the new prescription drug benefit throughout Indian Country in the coming months.

Additional information on the Medicare drug program, including cost-sharing provisions (fees on a sliding scale), is available on a number of websites including: www.medicareadvocacy.org; www.aarp.org; www.nohla.org. ■

By Helen Spencer,
Attorney and Indian elder advocate

Continued Future Events

- **October 16-19, 2005**
NIHB 22nd Annual Consumer Conference, Phoenix, AZ.
Visit <http://www.nihb.org> for more information.
- **October 23-26, 2005**
WHCOA, Washington, DC. For more information, visit <http://www.whcoa.org/>
- **Oct. 27 - Nov. 6, 2005**
62nd Annual NCAI Convention, Tulsa, OK. For more information, visit <http://www.ncai.org/> or call (202) 466-7767.
- **March 16-19, 2006**
2006 Joint Conference of NCOA and ASA, Anaheim, CA
"Invest In Aging - Strengthening Families, Communities and Ourselves"
For more information, visit <http://www.asaging.org/>, <http://www.ncoa.org/>, or <http://www.agingconference.org/>
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*In the next issue of
Elder Visions*

- **SOCIAL SECURITY**
Proposed changes and how they may affect you.
- **NATIONAL LEGISLATIVE UPDATE**
What bill are currently being considered in Congress?
- **WHCOA**
What does it mean for American Indian/Alaska Native elders?
- **2006 CONFERENCE**
Preparations are under way.

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