



NEWSLETTER

Colorado Coalition for Elder Rights & Adult Protection

www.ccerap.org

A Project of the Colorado Nonprofit Development Center

MISSION: To promote statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults.

July, August, September 2010

Don't Miss CCERAP's Next Training

Date: Wednesday, July 21, 2010
Time: 9:00 am – 11:00 am
Place: Aurora City Hall
City Council Chambers
15151 East Alameda Parkway
Aurora, CO
Training begins at 9:00 am
(No refreshments are allowed in the
City Council Chambers)

*Directions to Seminar/Meeting:
I-225 to Alameda Ave.*

*East on Alameda about ½ mile to Chambers Rd
Left on Chambers Road 1 block
---Left into City Hall parking lot
Parking garage is available on west side or
park in lot on east side.*

All CCERAP training and materials are FREE.

*To ensure that all participants receive supporting
materials, please pre-register by email or phone:*

ccerap@comcast.net, or

*1-800-773-1366. Provide name, title,
organization, email and phone number.*

Inside...

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- Medicare Fraud...Protect, Detect, Report!
- In Memoriam: Pat Stanis, Ph.D.

Reaching Out: Meeting the Mental Health Needs of Older Adults

9:00 am to 11:00 am
Wednesday, July 21, 2010
Aurora City Hall

(2 hours recertification credits for Ombudsman Training)

Presented by:

Vicki Rodgers, MS, LPC, Deputy Chief Operating Officer
Teresa Legault, MPA, Project Manager, Senior Reach
Jefferson Center for Mental Health

Senior Reach is an award winning, innovative and collaborative program that provides treatment to older adults (60+) who are isolated, frail, and in need of mental health and/or care management services.

What you will learn:

- *How to identify and refer isolated, at-risk older adults who may benefit from mental health treatment.*
- *How to serve isolated older adults who may not otherwise be accessing services.*
- *How to develop a successful infrastructure to meet current needs of seniors while reducing duplication of services.*
- *How to develop a strong, collaborative partnership between businesses, individuals and agencies that provide support services to older adults.*

Many people do not understand mental illness or even acknowledge its existence. Some seniors are ashamed or frightened by their symptoms or believe that they are an inevitable part of aging. Often, seniors, their loved ones and friends, and even their doctors fail to recognize the symptoms of treatable mental illness. Unfortunately, many seniors are reluctant to seek help or treatment that could alleviate their symptoms or return them to happier, more productive lives. If their problems are not addressed, the individuals may be exposed to even greater risks: untreated mental health issues can result in impaired functioning, unnecessary hospitalizations and nursing home placements, poorer health outcomes and increased rates of mortality.

The challenge for professionals is identifying and "reaching out" to those seniors who, for whatever reasons, are not getting the help or services they need. Senior Reach, with the help of trained community members (called Community Partners), is a model program that provides an innovative way for communities and local service agencies to work together to provide the care management or mental health services that can truly make a difference.

Mission of SENIOR REACH

To support the well being and independence of seniors by educating the community on how to identify and refer isolated, at-risk older adults who may benefit from mental health or care management services.

Understanding the Unique Treatment Needs of Older Adults

Vicki K. Rodgers, MS, LPC

It is important to consider special treatment needs when making programmatic decisions for a population. Instead of using a one-size-fits-all treatment model for anyone over age 18, consider that according to Dr. Stephen Bartels of Dartmouth University “all too often older persons with psychiatric illnesses fail to receive treatments and services that they need. Family members are often left with the task of sorting out a confusing array of providers, treatments, and systems of care without access to basic information.” His research outcomes indicate that psychiatric disorders can “substantially impair functioning and can result in unnecessary hospitalizations and nursing home placement, poorer health outcomes, and increased rates of mortality.”

As older adult programming develops to meet the population demands, being cognizant and preparing for the following areas will be important:

- Cultural issues
- Family and caregiver concerns
- Elder-friendly approach and environment
- Health literacy
- Stigma about aging

Cultural Issues - Most social organizations embrace the concept that they should provide culturally appropriate services. Programming for older adults must be viewed in light of the following factors to insure that treatment teams and organizations have a clear understanding and appreciation for the cultural aspects of this generation. Factors including language, beliefs, age-related needs, race, ethnicity, gender, sexual orientation, disability, and socioeconomic status are all important to understanding the composition of each older adult community.

Family and Caregiver Concerns - According to the United States Surgeon General, approximately 13 million caregivers, most of whom are women, provide unpaid care to older relatives. Caregivers today already feel the strain of being the generation sandwiched in between the needs of their children and the needs of their elder family members. In coming years, it is anticipated there will be fewer adult-aged family caregivers compared to the number of older adults who may need assistance. Senior Reach has developed the educational component and in-home assessments as ways to engage families and caregivers to help support needed services and treatment which includes:

- Normal versus non-normal aging
- Mental health in older adults
- Helping older adults maintain independence as long as possible
- Caregivers caring for themselves
- How caregivers can partner with community social organizations

Elder-friendly Approach and Environment - Seniors are different from the younger adult population in that program teams will need to be sensitive to age-related changes remembering that each person presents differently through the aging process and individual respect to them is a key to engaging them. Older adults can benefit greatly from staff understanding and being sensitive to age-related concerns such as the importance of building client trust and confidence, practical techniques to accommodate sensory and cognitive changes, promoting healthy aging, and an environment that includes their needs and desires.

Health Literacy - The affect of literacy on health and communication has been the subject of many well-researched publications including the National Cancer Institute’s Pink Book (28). The entire workbook can be accessed at <http://www.cancer.gov/pinkbook>. Using well-composed communication is a tool that can promote good health and we know that health risk goes up as literacy level goes down. According to the Pink Book, to speak to a wide senior audience, written and verbal communication should be provided at no more than an 8th or 9th grade level. Also, forms and directions should be as plain as possible.

Ageism – Our communities and even older adults believe myths about aging. Organizations working with older adults can help combat ageism and stigma toward seniors. Recommended reading for any organization or treatment team member working with older adults is “**What Practitioners Should Know About Working With Older Adults**” produced by the American Psychological Association and available to download from the following website at <http://www.apa.org/pi/aging/practitioners.pdf>. Besides a great deal of good information about working with older adults, there is also a myth-busting chart which addresses some aging concerns that can help teach others.



“I’m glad there is a program like Senior Reach to turn to that will help with my mom.”

- Tom, Adult Son and Caregiver



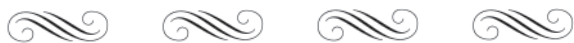
In conclusion, as your community explores programming to meet the coming demographic senior population changes it will be important to look for programs, such as Senior Reach, that model incorporating these concepts in working with the very diverse older adult group.

Vicki Rodgers, MS, LPC, is the Deputy Chief Operating Officer of Jefferson Center for Mental Health. Vicki supervises a variety of administrative and clinical programs including Senior Services and Senior Reach. She has provided presentations concerning older adult issues at local, state, and national conferences. Vicki is an active member of many mental health and senior committees including Aging Well Jefferson County, Behavioral Health Transformation Council, and the Adult and Older Adult Planning Committee. She received her Masters in Clinical Psychology from the University of Texas at Tyler.

Senior Reach: A Successful Approach to Serving Older Adults

By: Teresa Legault, MPA

Senior Reach is an innovative program providing services to older adults (aged 60+) who are reluctant or unable to seek help on their own behalf. Jefferson Center for Mental Health partnered with the Mental Health Center serving Boulder and Broomfield Counties and the Seniors' Resource Center to develop the Senior Reach program. The program is in five counties with approximately 116,000 older adults or about 15% of the population.



"Senior Reach helps to bring people in the community closer to seniors. As a result, the seniors experience better connection to their community, less isolation and better quality of life."

- David Bartsch, PhD, TriWest Group



There were many factors that identified the need to establish the Senior Reach program. Colorado has the 7th fastest growing aging population in the US, according to the Colorado Commission on Aging. By the year 2010, there will be more than 770,000 seniors in the state. Senior citizens confront numerous challenges that can seriously impact their mental health. Issues like retirement, death of a loved one, changes in health, relocation, and adjusting to other life changes can bring about depression, feelings of loneliness and decreased motivation, and suicidal ideation. Yet, many seniors are reluctant to access traditional mental health services due to stigma or shame. Other barriers include lack of parity for mental health services in private insurance and Medicare, insufficient diagnosis and referral resources, lack of transportation, and/or social and physical isolation.

Senior Reach was designed to support the well-being and independence of seniors by educating community members on how to identify and refer isolated, at-risk older adults who may benefit from mental health, wellness coaching and care management services. By being proactive and intervening early, care for these older adults is more compassionate, effective, and less costly than waiting for more serious symptoms to develop. This unique combination of education, outreach, and treatment was designed to increase hope, relieve depression, and increase socialization.

Senior Reach has proven highly effective in reducing social isolation, anxiety, feelings of hopelessness and depression among participants.

Components of Senior Reach

The first component consists of Senior Reach staff and volunteers training non-traditional and traditional community members and referral sources. Non-traditional referral sources, such as, restaurant and retail staff, bus drivers, senior center staff, and members of civic organizations are trained to be Community Partners. We also train traditional referral sources as Community Partners to make them aware of this resource such as primary care physicians, Adult Protective Services, County Human Services, and other programs serving seniors. We have experienced overwhelming and positive responses from the community for training of Community Partners. Community Partners are trained to identify and refer older adults living independently who are experiencing any of the following signs of distress: emotional or behavioral problems, poor

health, social isolation, abuse, neglect, or substance abuse problems. From December 2005 through March 2010 more than 10,000 people have been trained as Community Partners by Senior Reach staff to be the "eyes and ears" of the community.

The second component is outreach and treatment which includes a Call Center with a single entry point toll-free number to refer older adults for services. The Call Center gathers basic information from the referral source and then contacts the senior to explain the program, engage the senior in an elder-friendly manner, find out what needs the older adult may have (for example: transportation, medication, health, financial concerns, mental health, and/or recreation) and offer Senior Reach services.

A single entry point for referrals has simplified the referral process and resulted in more timely services or linkages to other community programs.

A remarkable 92% of the eligible seniors accepted services through this elder-friendly process. Professional mental health staff will provide an in-home assessment and make recommendations that are individualized for each older adult for case management, wellness, information/referral, and as appropriate, mental health treatment. The mental health treatment employs a brief, solution-focused treatment model which builds upon a senior's existing strengths to help them handle the immediate situation.

The outreach component of SR has enhanced the community's infrastructure to serve older adults and has improved collaboration between agencies. A secondary benefit of outreach is the increased visibility for mental health centers and more awareness of mental health issues throughout the community. In four and a half years, the program received 945 referrals from community members and provided direct services to over 800 older adults. This improved community understanding of the needs of older adults and resulted in almost 45% of the referrals coming from community members who, prior to receiving SR training, did not know what to do or who to call to help a senior.

Senior Reach has resulted in:

- better overall services to older adults
- good research-based evaluation outcomes
- less fragmentation in service delivery
- greater community understanding of the special needs of seniors
- a spirit of volunteerism to be the "eyes and ears" in the community to assist older adults

We hope you will consider Senior Reach as one option to meet the growing needs of the older adult population in your community.

Teresa Legault, MPA: Manager, Senior Reach Project, Jefferson Center for Mental Health. Teresa oversees staff at three agencies that provide in-home assessment, care management, and mental health treatment to seniors living in five diverse metropolitan and rural counties. Teresa has a Masters degree in Public Administration from the University of Colorado at Denver. She has a national credential as a Domestic Violence Intervention Specialist and is certified by the Mountain States Employee Council as a trainer.

Want to learn more? Please call 303-432-5750 or email teresal@jcmh.org if you would like a copy of the Senior Reach Implementation Manual. Visit the website at: www.seniorreach.org.

Reports and Resources

1. U.S. Department of Health and Human Services. (n.d.). Mental health: A report of the Surgeon General 1999. Retrieved May 10, 2008, from <http://mentalhealth.samhsa.gov/cmhs/surgeongeneral/>
2. NAMI NH. (2001). Mental health, mental illness, healthy aging: A NH guide for older adults and caregivers. Retrieved July 10, 2008, from http://naminh.org/documents/GuideBk_OA.pdf
3. American Psychological Association. (1997). What practitioners should know about working with older adults. Retrieved June 30, 2008, from <http://www.apa.org/pi/aging/practitioners.pdf>
4. American Psychological Association. (n.d.) Depression and suicide in older adults resource guide. Retrieved on July 16, 2008 from <http://apa.org/pi/aging/depression.html>
5. American Psychological Association.(2003).Psychotherapy and older adults resource guide. Retrieved on July 16, 2008, from <http://www.apa.org/pi/aging/psychotherapy.html>
6. American Psychological Association.(2003). Facts about depression in older adults. Retrieved on July 16, 2008, from <http://www.apa.org/ppo/issues/olderdepressfact.html>
7. American Psychological Association.(2003). Mental health care and older adults: Facts and policy recommendations. Retrieved on July 16, 2008 from <http://www.apa.org/ppo/issues/oldermhfact03.html>
8. American Psychological Association.(2003).Guidelines for psychological practice with older adults. Retrieved on August 27, 2008, from http://www.apapractice.org/apo/insider/professional/apaproved/guidelines_for_psychological.GenericArticle.Single.articleLink.GenericArticle.Single.file.tmp/Guidelines_for_Psychological_Practice_wit h_Older%20Adults.pdf
9. United States Department of Health and Human Services. (n.d.) Substance abuse among older adults treatment improvement protocol (tip) series 26. Retrieved on September 13, 2008, from <http://ncadi.samhsa.gov/govpubs/BKD250/26d.aspx>
10. Substance Abuse and Mental Health Services Administration. (n.d.) Aging, medicines and alcohol. Retrieved on September 13, 2008 from <http://kap.samhsa.gov/products/brochures/pdfs/Agingmed.pdf>

Why do so many people not get the treatment they need?

- First, many mental health problems may go unrecognized or unreported. The individual experiencing the problem may not realize that they need mental health treatment, or feel too embarrassed to ask for help.
- Others, including doctors and caregivers, may dismiss symptoms as a natural part of the aging process; for instance, the person who seems hopeless or melancholy may be thought to be grieving or experiencing prolonged bereavement. As a result, what is actually depression may go untreated.
- Sometimes, mental health symptoms can show up as physical complaints, and an assessment may not fully explore causes and options.
- The stigma of mental illness can prevent people from recognizing or admitting a mental health problem.

Take note of noticeable changes in an older person's behavior or moods. These changes could be symptoms of conditions for which help is available.

Accessing Mental Health Treatment through the Colorado Public Mental Health System

Colorado's public mental health system currently includes seventeen community mental health centers (CMHC's). The Colorado Department of Human Services, Division of Mental Health, contracts with community mental health centers to provide mental health services to non-Medicaid recipients, subject to available appropriations. If you or someone close to you is in need of mental health treatment, contact the Community Mental Health Center that serves the county in which the person needing services resides.

CMHC	Phone Number	Counties Served
Arapahoe/Douglas Mental Health Network	(303) 779-9676	Arapahoe, Douglas
Aurora Comprehensive Community Mental Health Center	(303) 617-2300	City of Aurora, parts of Arapahoe
Centennial Mental Health Center	(970) 522-4549	Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
Colorado West Regional Mental Health Center	(970) 945-2241	Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, Summit
Community Reach Center	(303) 853-3500	Adams
Jefferson Center for Mental Health	(303) 425-0300	Clear Creek, Gilpin, Jefferson
Larimer Center for Mental Health	(970) 494-4200	Larimer
Mental Health Center of Denver	(303) 504-6500	Denver
Mental Health Center Serving Boulder and Broomfield Counties	(303) 443-8500	Boulder, Broomfield
Midwestern Colorado Mental Health Center	(970) 252-3200	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel
North Range Behavioral Health	(970) 347-2120	Weld
Pikes Peak Mental Health Center	(719) 572-6100	El Paso, Park, Teller
San Luis Valley Comprehensive Community Mental Health Center	(719) 589-3673	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Sagauche
Southeast Mental Health Services	(719) 384-5446	Baca, Bent, Crowley, Kiowa, Otero, Prowers
Southwest Colorado Mental Health Center	(970) 259-2162	Archuleta, Dolores, La Plata, Montezuma, San Juan
Spanish Peaks Mental Health Center	(719) 545-2746	Huerfano, Las Animas, Pueblo
West Central Mental Health Center	(719) 275-2351	Chaffee, Custer, Fremont, Lake

Is it Grief or is it Depression?

Differences Between Grief and Depression

Depression in the elderly can be a challenging diagnosis, because older people might be less open about their sadness, and other medical conditions tend to dominate their care. Increasingly, health professionals are recognizing that depression among older adults is a serious problem that needs to be treated. But depression is not normal at any age. Most older people are satisfied with their lives, even when

confronted with health problems or the loss of friends or a spouse. Older people grieve, but they bounce back. However, when one continues to feel sad for weeks or months, depression may be the cause. The table below describes the behavior and characteristics of people who are grieving and people who have depression.

Characteristic	Grief	Depression
Onset of depressed feelings	Caused by one or more recognizable losses (loved one, independence, financial security, pet, physical ability, etc.)	May not relate to a particular life event or loss, or a loss may be seen as punishment.
Expressions of anger	May be openly angry; anger often misdirected.	Irritable and may complain; does not express anger openly; anger primarily directed inwardly toward self.
Expressions of sadness	Feelings of sadness, and emptiness, weeping.	Pervasive feelings of sadness, hopelessness, emptiness; may have difficulty weeping, or difficulty controlling weeping.
Physical complaints	May have temporary physical complaints.	Chronic physical complaints.
Sleep	May sometimes have difficulty getting to sleep; may have disturbing dreams.	Early morning waking, insomnia, or excessive sleeping (escape into sleep).
Insight	May be preoccupied with loss of person, object, or ability; may have guilt over some aspect of the loss; temporary loss of self-esteem.	Preoccupation with self; generalized feelings of guilt; may have thoughts of suicide; long-term loss of self-esteem.
Responsiveness and acceptance of support	Responds to comfort, support; may not want to impose grief on others.	Does not accept support; tends to isolate self; may be unresponsive.
Pleasure	Ability to feel pleasure varies, but can still experience moments of enjoyment.	Often a persistent inability to feel pleasure.
Others' reactions toward the person	Tendency for others to feel sympathy for the person; they may want to touch or hold the person who is grieving.	Tendency for others to feel irritation with the person; may not want to touch or hold the person who is depressed.

[Source: A Mental Health Guide for Older Kansans and Their Families]

Could it be depression? Signs to watch for:

- Feelings of emptiness, worthlessness or feeling unloved.
- Lack of interest in doing things the person once enjoyed.
- Feeling nervous, restless, irritable.
- Feeling like life doesn't seem worth living.
- Eating or sleeping more than usual.
- Feeling tired or sluggish.
- Complaining of headaches or stomachaches.

Most Older Adults Age Well



Reading List...

“**Good Grief: Healing Through the Shadow of Loss**”, by Deborah Morris Coryell (2007). According to one reviewer, this book “explains why we should grieve, how to grieve without getting lost in despair; this book supports those experiencing loss, as well as their friends and family members who wish to help, but need direction to do so.”

“**Handbook of Health Psychology and Aging**”, edited by Carolyn Aldwin, Crystal Park, and Avron Spiro III (2007). This book examines the interplay of biological, psychological, and social factors in health and illness in older adults, exploring how and why some people adapt more successfully than others to age-related stressors, and identifies ways to promote coping and resilience. The book also provides effective interventions in healthcare settings.

“**Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends, and Caregivers**”, by Rosalynn Carter (1999). Families, social workers, doctors, consumers can all benefit from this book. The book discusses diagnosis, treatment, scientific research, stigma and advocacy. This book focuses on the biological as well as the social risk factors for various forms of mental illness. Although published several years ago, this book continues to be highly regarded for families dealing with mental health issues.

“**I Am Not Sick; I Don't Need Help**”, by Xavier Amador (2007). The focus throughout this book is on building mutual understanding and trust, so involuntary treatment can be avoided, if possible. This book provides easy to follow advice on how to help someone with mental illness who does not recognize his/her own need for treatment.

“**Mental Wellness in Aging: Strength-Based Approaches**”, by Judah Ronch (2003). The text contains theories and experiences from experts revealing ways to help older people achieve as much mental and physical autonomy and wellness as possible, offering practical, multidisciplinary approaches to therapy for older adults.

“**On the Stigma of Mental Illness: Practical Strategies for Research and Social Change**”, edited by Patrick Corrigan (2004). This book explores the causes and ramifications of mental illness stigma, as well as the possible means to eliminate it and includes practical strategies for dealing with public stigma and self-stigma.

“**Positive Aging: A Guide for Mental Health Professional and Consumers**”, by Robert Hill (2006). A guide for practitioners on how they can assist those who are aging, this book outlines the principles of positive and healthy aging, and also provides practical strategies to cultivate “positive agers” and a healthy, productive lifestyle.

Resources, Organizations and Websites on Mental Health

The following groups provide a wealth of information on all aspects of mental health. Many have resources focusing on mental health issues of the elderly. All have websites to begin your search.

Colorado Resources:

Colorado Department of Human Services, Division of Behavioral Health
Denver Regional Council of Governments (DRCOG)
Caregiver Handbook and Network of Care
The Legal Center for People with Disabilities and Older People
Mental Health America of Colorado
Mental Health Ombudsman Program of Colorado
NAMI Colorado
Senior Reach, Jefferson Center for Mental Health

National Resources:

Aging in the Know
Aging Parents and Elder Care
American Geriatric Society, Foundation for Healthy Aging
American Psychological Association
Centers for Disease Control and Prevention,
Healthy Aging Research Network
Elder Care Online
Geriatric Mental Health Foundation
Healthy Minds Healthy Lives
(American Psychiatric Association)
Mental Health Recovery (Mary Ellen Copeland)
National Alliance for the Mentally Ill (NAMI)
National Association for Rural Mental Health
National Coalition on Mental Health and Aging
National Council on Aging, Center for Healthy Aging
National Institute of Mental Health
National Mental Health Association
National Mental Health Consumers' Self-Help Clearinghouse
Substance Abuse and Mental Health Services Administration, (SAMHSA), National Mental Health Information Center

“Thank you” to the Colorado SMP Medicare Fraud Program at the Colorado Division of Insurance for sponsoring CCERAP’s quarterly newsletter.

1-800-773-1366 • www.ccerap.org

Medicare Fraud . . . Protect, Detect, Report!

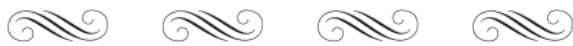
Sherry Zoltay, Colorado SMP Medicare Fraud
and Abuse Prevention Program
Colorado Division of Insurance

The recently enacted Affordable Care Act contains some important benefits for Medicare beneficiaries. Unfortunately, fraud and scam artists are already seeking to take advantage of the new law by profiting from misinformation about the Affordable Care Act. For instance, some seniors are being asked to provide their Social Security numbers in order to receive a tax free \$250 “donut hole” rebate check which, under the Affordable Care Act, is due to those who have fallen into the Medicare Part D coverage gap. This raises concerns about potential identity theft.



The Affordable Care Act strengthens state officials' ability to detect and root out Medicare fraud.

We are asking you to be a part of the Senior Medicare Patrol and help inform others in your community about Medicare fraud.



The Colorado SMP Program is calling on all consumers to help stamp out Medicare fraud. You can help your community by being the eyes, ears, and collective voice that identifies and stops Medicare fraud, waste, and abuse.

The goal of our program is to use the skills and expertise of retired professionals to work in their communities, educating and empowering seniors and other consumers to take an active role in the detection and prevention of health care errors, fraud, and abuse. Funded by the U.S. Administration on Aging, the SMP Program empowers seniors to identify and prevent health care fraud through information provided at community outreach presentations, community events, and through the media.

“Medicare and Your Mental Health Benefits”

Although not a legal document, this is the official government booklet on mental health benefits for people with Original Medicare. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov to get the booklet and the most current information on Medicare coverage for mental health.

Other scams that have been identified include:

- Medical equipment providers or insurance agents giving presentations at senior centers and requiring participants to disclose personal information (including Medicare numbers) on “sign-in” sheets then billing for services or supplies that were never provided;
- Luring beneficiaries into providing their Medicare number for “free” services, then billing Medicare;
- Telemarketers identifying themselves as a Prescription Drug Plan and offering to sell consumers a year’s supply of prescription drugs for one payment of \$299, \$389, or \$399;
- Offering free lunches while selling discounted diabetic shoes or other products, then billing Medicare for items seniors purchased at the event.

You can help stamp out fraud by volunteering to help seniors become well -informed consumers. We need volunteers to spread the word through presentations at senior and community centers, report and respond to health care scams, and to contact doctors or other health care providers to discuss billings issues when beneficiaries are not comfortable doing so themselves.

To volunteer your assistance to help and protect your friends, neighbors, and community, call the Colorado SMP at 1.888.696.7213. If you suspect fraud or abuse related to health care, gather the facts and report it by contacting the Colorado SMP at 1.800.503.5190 or via email at smp@dora.state.co.us.

Visit CCERAP’s Web site (www.ccerap.org) to find...

Updated Fraud and Scam Alerts

CCERAP’s Newsletter Archive

Information on Training Opportunities

Webcasts of Prior Trainings

Links to Organizations Serving and Advocating for the Elderly

Aging Resources

Additional Articles and Information on Powers of Attorney

For more information or to subscribe to the

CCERAP newsletter, contact:

Helen Davis, Coordinator

1-800-773-1366

ccerap@comcast.net

**Colorado Coalition for Elder Rights and Adult Protection
Steering Committee**

Sara Canfield *Morgan County Adult Protective Services, 970-542-3530*

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Shelley Hitt *Colorado Long Term Care Ombudsman, 303-722-0300*

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Saori Kimura *Long Term Care Options 720-974-2440*

Audrey Krebs *Colorado Division of Aging and Adult Services, 303-866-2846*

Amy Nofziger *Director, AARP ElderWatch, 720-947-5306*

Kathleen Schoen *Colorado Bar Association, Access to Justice, 303-824-5305*

Charles Szatkowski *Detective, Colorado Springs Police Dept., 719-444-7594*

J.D. Wykstra *Aurora Police Department, 303-739-6349*

Colorado Coalition for Elder Rights and Adult Protection programs are available to all without discrimination.

**For more information, contact:
Helen Davis, Coordinator
1-800-773-1366
ccerap@comcast.net**

In Memoriam: Pat Stanis, Ph. D.

Pat Stanis, who served as the Chairperson of CCERAP's Steering Committee for many years, passed away on May 9, 2010. Since 1998, Pat worked as a subject matter expert and program manager for Adult Protective Services within the Colorado Department of Human Services. She provided training and technical support to county adult protection staff and multi-disciplinary teams on how to recognize and respond to the mistreatment of at-risk adults. Pat was a longstanding advocate, practitioner, and researcher and was an active member of the National Adult Protective Services Association (NAPSA). In addition to her professional responsibilities, she served as a legal guardian of three disabled adults. Pat was highly respected by everyone who worked with her. Her dedication, wisdom and leadership in the field of elder rights and adult protection will be greatly missed.

"Thank you" to the Colorado SMP Medicare Fraud Program at the Colorado Division of Insurance.

2010 MEETING SCHEDULE:
July 21, 2010
"Reaching Out: Meeting the Mental Health
Needs of Older Adults"
October 20, 2010

The CCERAP newsletter is published quarterly by the Colorado Coalition for Elder Rights and Adult Protection, a project of the Colorado Nonprofit Development Center.

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Colorado Coalition for
Elder Rights & Adult Protection

