

# NEWSLETTER

October / November / December 2003 Edition

## Next Meeting of the Coalition

Wednesday, October 15, 2003

8:30am – 11:00am

455 Sherman Street, Denver, CO

### Program:

“Traumatic Brain Injury - the Elderly and At-Risk Adults”

*Program/Meeting is open to anyone who would like to attend. You do not need to be a member of CCERAP.*

### Guest Speakers:

**Kerrie Cargill-Hitchcock**  
Resources Coordinator,  
Brain Injury Association of Colorado

**Michelle Sauder**  
Brain Injury Survivor

**Angela Scott**  
Program Services Director  
Office of Behavioral Health & Housing  
Department of Human Services

### Meeting/Seminar Schedule:

8:30 – 9:00am	Continental Breakfast
9:00 – 9:45am	The Devastating Impact of Brain Injury
9:45 – 10:00am	Questions & Answers
10:00-10:30am	Colorado Traumatic Brain Injury Trust Fund
10:30 – 10:45am	Questions & Answers
10:30-11:00am	Agency Networking Adjournment

### Directions To Meeting:

Take I-25 to either 6th Ave. East  
Take 6th East to Broadway  
Take Broadway South to 4th  
Take 4th East to Sherman  
Building on the corner of Sherman & 4th

### CCERAP Coordinator:

**Kathy Rickart**  
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## The Devastating Impact of Brain Injury - Elders and At-Risk Adults

*By Kerrie Cargill-Hitchcock, Resource Coordinator for Larimer & Weld Counties Brain Injury Association of Colorado*

What would it be like ... to not recall what you did yesterday ... what you just discussed in a telephone conversation ... had you paid your bills for the last month ... did you complete the project for work or school ... are you supposed to meet someone today ... should you be somewhere else now? What would it be like ... to rely on help from someone else for assistance in remembering or to physically manage your activities of daily living?

These are just a few examples of issues that people with brain injuries struggle with every day. I have witnessed the efforts of many survivors during my work as Case Manager/Social Worker at Northeast Rehabilitation Hospital in Salem, NH and Boulder Community Hospital's Mapleton Rehabilitation Center in CO. I now serve as the Resource Coordinator for Larimer and Weld Counties for the Brain Injury Association of Colorado.

The debilitating effects of traumatic brain injury can be devastating to the person who sustained a brain injury, his family members, co-workers, and friends. This “unseen injury,” in many cases, may mean that the person may never be quite the same after the injury. \*

Every year in Colorado, 3,500 people sustain a traumatic brain injury (TBI). In the United States, this figure is two million, with a TBI occurring every 15 seconds. Of these individuals, 100,000 will die and another 80,000 are permanently disabled. \*

And what about brain injuries involving elders and adults at-risk? Significant increases in the rate of occurrence of brain injury after age 70 are known. Can we not consider some adults already “at risk” due to their brain injury or upon a brain related disease, event, or accident- at potential risk for this category? These folks are more vulnerable to physical, emotional, self, and sexual abuse/neglect scenarios in various settings along with substance abuse and mental health difficulties. They can also fall victim to fraud and financial exploitation among other crimes. Pedestrian, motor vehicle accident, sports/recreation, and fall related injuries are of additional interest.

*Kerrie will be one of the guest speakers for the October 15, CCERAP Meeting/Seminar. She will be discussing these issues, offering an overview of acquired brain injury (traumatic and non-traumatic) along with some strategies for interacting and supporting individuals with brain injuries. Her colleague, Michelle Sauder, brain injury survivor and Peer Advocate for Larimer & Weld County, will also be part of the program.*

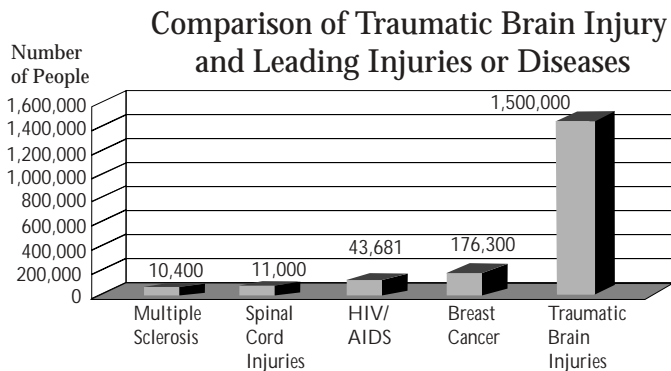
\* Brochure, Brain Injury Association of Colorado, Inc. Affiliated with the Brain Injury Association of America.

# The Silent Epidemic

By Kathy Rickart, CCERAP Coordinator

Turn on the TV and you'll hear about cancer, heart attack, obesity, multiple sclerosis, HIV/AIDS and numerous other health-related problems. You'll hear about the research, there will be documentaries on the subjects; but how often do you see or hear anything about brain injuries?

The following chart<sup>1</sup> gives us a more visual comparison of Annual Incident Comparison of TBI and Leading Injuries or Diseases in the United States.



According to Helen Kellogg, Executive Director of the Brain Injury Association of Colorado, in 10 years we could easily become aware of the full impact of this silent epidemic. For

example, annually there are over 4,000 people in Colorado that require an overnight stay in the hospital because of a brain injury. Multiply that by 10 years and we will have 40,000 people who will have a brain injury in Colorado. This does not include the thousands of people, including children, who already live with a brain injury.<sup>2</sup>

Can we afford to let this "silent epidemic" continue? How will we care for TBI people? What quality of life will we be able to provide? Will we have enough trained professionals? Can we even calculate the medical-and societal-related costs that are expected to increase at the same alarming rate? All of these questions and more will be compounding at an alarming rate as our population ages.

I don't have any answers to these questions. But I know we can begin by becoming aware of and educated on brain injuries, by improving our professional skills, by providing preventive and caregiving education, by becoming advocates of today's and tomorrow's needs for addressing and resolving the problems associated with TBI. Start today by marking your calendar and saving October 15 so you can attend the CCERAP Meeting/Seminar on the topic of brain injury and the elderly and at-risk adult. (Details on time and place on front cover.)

<sup>1</sup> *Brain Injury Association of America, TBI Incidence fact sheet March 2001*

<sup>2</sup> *Brain Injury Association Newsletter, "Message from the Executive Director" 2002*

## Traumatic Brain Injury Trust Fund

By Joy Henika, Member, Colorado Advisory Board for Brain Injury

On June 7, 2002, Governor Bill Owens signed a law creating the Colorado Traumatic Brain Injury Board or better known as the TBI Trust Fund. *(This fund falls within the Department of Human Services, the state agency designated for brain injury. Year 2003 will be spent on establishing the Board, the parameters of the fund, policies, procedures and education prior to the start of funding. Funding will not begin until year 2004. \*)*

This Trust Fund and the money it will grant will come from several different funding sources. The bulk of the money is expected to come from fines. These fines include: Driving Under the Influence (DUI) Tickets, speeding tickets and tickets for county ordinance violations. For each DUI the Trust Fund will receive \$15.00. For each speeding an county ordinance ticket the Trust Fund receives \$10.00.

The Trust Fund may also collect money from gifts, grants, and donations. It is important to note that the Board cannot start collecting money until January 1, 2004, and even then it will take time for the money to accumulate.

The money the Board collects will be divided into three pools.

- 65% **Services** – for individuals with Traumatic Brain Injury
- 30% **Research** – for treatment and understanding of TBI (seed money for small pilot projects)
- 5% **Education** – for individuals with TBI, as well as to help educators, parents, and non-medical professionals identify and assist in seeking proper interventions or therapies. The education money cannot be spent on prevention.

Currently, the Board's activities are focused on the design and development of the TBI Trust Fund program. The Board has made decision regarding amounts an individual with a TBI may receive and has many things in place. It is still working on an application form and an application selection process. It will be ready to accept applications and make decisions in 2004.

If you want to keep up with the progress of the TBI Trust Fund/Board, the minutes are posted on the Brain Injury Association of Colorado website [www.biaincolorado.org](http://www.biaincolorado.org). Angela Scott, Program Services Director, Office of Behavior Health & Housing will be at the October 15 CCERAP meeting to give us a complete overview and update of the TBI Trust Fund.

*\*excerpt from article written by Helen Kellogg, Executive Director of BIAC.*

# Is The Spoon On The Ceiling?

By: Wendy Station, North Vancouver, BC, Canada, Encephalitis Survivor and Kathy Rickart, CCERAP Coordinator

Encephalitis, means "inflammation of the brain." Just as meningitis is inflammation or swelling of the outer lining of the brain, encephalitis is inflammation of the inner area of the brain itself. It happens approximately 1/7th as often as meningitis. Encephalitis patients are usually hospitalized and monitored to be kept comfortable.

After surviving encephalitis, a person faces a two-year recovery time span, as their brain struggles to pick up the pieces, and learn again the skills lost when areas of the brain were damaged by the inflammation. In some circumstances, the brain does not fully complete this struggle, and the survivor does not return to 100%.

It is important to consider the frustration that an encephalitis survivor is struggling with. The loss of short-term memory and the decrease in cognitive skills can create havoc with day-to-day existence. Where it's very normal for any of us to forget a word or a phrase, the encephalitis survivor may forget ten times an hour, every hour, every day. Wendy shares this example. "I was trying to make tea for my parents and I became stymied when seeking a spoon. Thinking to myself, 'I know what a spoon

is. I know I had them here somewhere. But where? Hanging from the ceiling? No. Under the sink? No. Ask the dog? No.' At this point my Mother asked if she could help, so I asked her, "Where do I keep the spoons?" She pointed out the silverware drawer. Now that information is returned to me...and I know where I keep spoons." Caregivers and loved ones are certainly put to the maximum test of patience, either relating forgotten information or answering the same question the tenth time.



Now meet a very, very special friend of mine, Ruth Fell of New York. Ruth is 78 years old and had encephalitis "sleeping sickness" when she was a young child. Ruth is a remarkable, amazing, unbelievable woman! She lives in Assisted Housing and did have a difficult time when folks would not permit her to move freely when accompanied by Max, her Assistance Dog, but that was resolved. Ruth is continuing her education to this day as she strives for academic graduation on a number of basic school subjects that were not completed when she was young. Ruth doesn't confine herself to her Assisted Living Home. She still travels solo (with Max, of course) and



her wheelchair...AND her violin. Ruth will be playing her violin at the 2003 Encephalitis Conference in Las Vegas.

Last, just a little related information regarding the West Nile Virus. As of September 9, Colorado had 24 deaths this year due to West Nile. Many were elderly people who died from encephalitis due to West Nile. Usually, mild, flu-like symptoms may occur, but the elderly have a higher risk in developing more serious complications. In rare cases, (1 out of every 150), the virus will multiply in the person's blood system and crosses the blood-brain barrier to reach the brain. This may cause inflammation of the brain tissue, or West Nile encephalitis. During recover, West Nile survivors may experience some of the same cognitive impairments and the patience of loved ones and caretakers will be vital. Wendy's husband is known to others by the nickname she gave him, "Goodspouse," as time and time again, he demonstrated the most remarkable patience in dealing with these every day struggles.

*Wendy Station's self-introduction – "I am not a medical professional. I am not trained in medicine in any way. I am 48 years old, and a survivor of encephalitis. I am now legally disabled, unable to work outside the home. I was touched by encephalitis in 1999 and my family moved heaven and earth to find out what to do?" Wendy hosts a website called Encephalitis Global, [www.encephalitisglobal.com](http://www.encephalitisglobal.com).*

## Financial Exploitation and Fraud Data Base

Source: Amy Nofziger, AARP ElderWatch

AARP ElderWatch is pleased to announce the limited release of its financial exploitation and fraud data. The information has been collected through the Colorado Consumer Line and the AARP ElderWatch website since early 2002. The design and development of this tool would not have been possible without guidance from the Colorado Attorney General's Office, County Sheriffs of Colorado and Telesynthesis, the Denver-based software development company who wrote the software.

Professionals can now register as a secured user of the AARP ElderWatch system. Users can enter cases of financial exploitation, search and view cases or generate statistical reports about

financial abuse in Colorado. Because reports to AARP ElderWatch are confidential, secured users will only have access to select information. No identifying information about victims will be available. AARP ElderWatch hopes that this information will be helpful to professionals in identifying hot topics, criminal trends, recurring scams, academic research and and perhaps, areas where laws or consumer protection should be changed. Help expand what we know. Encourage reporting to AARP ElderWatch – 800-222-4444 or in the Denver area 303-222-4444.



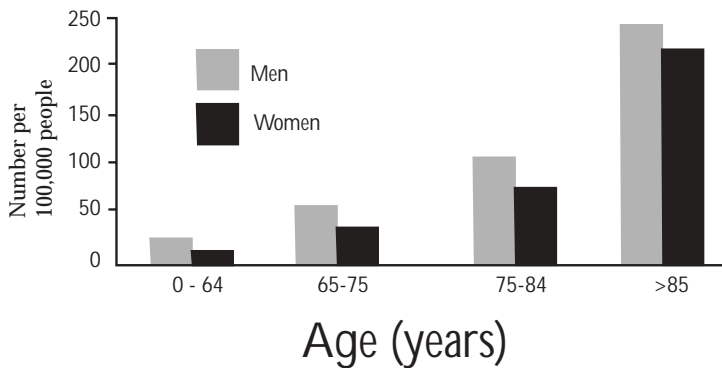
If you are interested in learning more about the AARP ElderWatch database or to register to become a Professional Secured User, please contact Amy Nofziger at 720-947-5306 or [anofziger@aarp.org](mailto:anofziger@aarp.org).

# Falls and Traumatic Brain Injury: The Elderly at Risk

Courtesy of: Dr. Eric H. Chudler, Department of Anesthesiology, University of Washington

Although your parents and grandparents may be physically fit, many elderly people suffer severe injuries when they fall. Statistics also show that when older people fall, they are more likely to be hospitalized for traumatic brain injuries.

## Hospitalizations For Non-Fatal Fall Related TBIs



Notice: 1) The rate at which people were hospitalized for fall-related TBIs increases with age.  
2) Men were hospitalized more frequently than women.

Why do older people have to go to the hospital more often than younger people? Some elderly people suffer from diseases such as Parkinson's disease and osteoarthritis that make them more likely to fall. Many older people take medications that may make them dizzy or drowsy and some may have impaired balance and weaker muscles. These factors may all contribute to more frequent and serious falls.

TBIs are not the only problem the elderly face when they fall. Broken bones, especially hips, are frequent consequences of falls. The fear of falling may make the elderly less active. This may cause them to exercise less and cause further weakness.

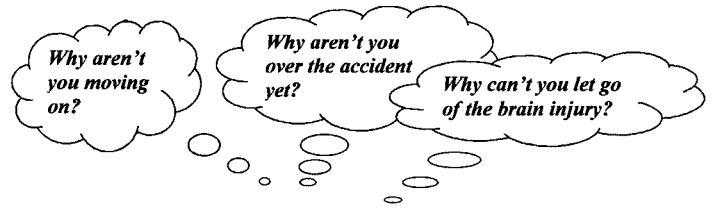
### References:

Centers for Disease Control, Public health and aging: nonfatal fall-related traumatic brain injury among older adults – California, 1996-1999, *MMWR*, April 4, 2003, 52:276-278

A recently submitted article to the *Veterans Administration Journal of Rehabilitation, Research and Development*, "Balance Improvement Through Gentle Rehabilitation - Results of a Review of the Literature" by Jason W. Haas, CBP Spine Center, Windsor, CO will be available at the October CCERAP meeting. The article focuses on balance and falls of the elderly.

# Good Grief

By Pam Law, MS, MA, PC Printed with permission



I would not be surprised if you heard these questions and feelings have been hurt because of such questions. The people asking these questions are in effect asking the person with a brain injury to cover over the wounds of their soul with a Band Aid. It just does not work.

*"Suffering is to the soul what physical pain is to the body, a signal that we have to stop doing what we're doing."  
-Bloomfield and Goldberg*

Grief is a normal and necessary response to loss of any kind. The one thing I absolutely know for sure about grief and loss is that time does NOT heal all wounds. If loss has left an open wound in your soul, time can even make your pain worse. Imagine you had a gaping wound on your body – putting a Band-Aid on a wound that really needs stitches would surely not be helpful.

Some signs that the person with a brain injury may be in need of some support and tender loving care as they face grief and loss include:

- Feeling...
  - ...overwhelmed by their emotions
  - ...all alone in their suffering
  - ...numb to life and living
  - ...tired, even though they are sleeping too much
- Crying all the time
- Smoking or drinking because of their pain
- Experiencing difficulties with work and personal relationships because of their emotional pain

Here are some strategies you can offer them to help them on their journey through grief and loss:

### "Ask for help, don't go it alone."

Seek the help of a trusted friend or family member, support group or a trained therapist who can journey with them as they express their emotions, whether it is sadness, anger, frustration or disappointment. Feeling they are alone with no one to turn to will probably make their pain worse. They should try to identify their losses in all areas of their life; physical, emotional, cognitive, spiritual and in their relationships. They should try to feel the pain regarding each and every loss and release the negative energy that comes with such pain.

**“Know there are people who care about you and want the best for you.”**

As Charlie Walton, author of *When There Are No Words*, says, “*your family, friends and loved ones can communicate volumes about their love and respect for you with their presence.*” \*

**“Remember that even when it seems you have no choice, that indeed, you always have a choice.”**

The TBI person can choose healing by nurturing their own needs. Encourage them to find out what makes their spirit soar and let them do those things. Let them know they can cry if they need to, laugh when they want to, talk about what happened to them, listen with love to another’s suffering. It is in the giving that people receive.

**“There is value in searching.”**

It is okay to ask:

- How can I make this loss meaningful?
- How can I make something positive out of something so deeply painful?
- What can I gain from this experience?

Author, Rabbi David Wolpe, can help journey through these questions in his book *Making Loss Matter*.\*

**“Search for answers to your deepest and burning questions”**

There are no stupid questions and if a question is nagging at the them, then it is indeed worth asking. Remind them that they

may have to accept that some questions may be unanswerable. Life is indeed a mystery and it is more fully lived by journeying into that mystery. For it is the journey and not the destination that will bring the gifts of a life fully lived to a wounded soul.

Having to go through the devastation of traumatic brain injury may never be okay to the TBI person’s soul – meaning that the pain of the loss may indeed remain with them – but it is the deepest hope that there will be a day when the TBI person can look at what they have been through and see their courage and know they can access that courage to move forward and

*“...live each day to the fullest..so then you can look forward with confidence without regret.” - S.H. Payer*

*Pam is a Psychotherapist, Speech-Language Pathologist and Certified Brain Injury Specialist. She has worked in the field of brain injury since 1992. She most enjoys helping others to thrive, not just survive after brain injury. Pam is President of the Society for Cognitive Rehabilitation, and a member of the Governor’s Traumatic Brain Injury Trust Fund Board, American Academy of Bereavement and American Academy of Experts in Traumatic Stress. She is currently pursuing her doctoral degree in psychology and specialty credential in motor vehicle trauma.*

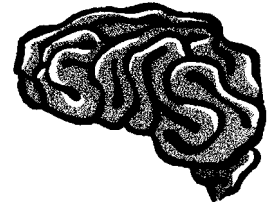
*\*Author wholeheartedly recommends these wonderful books.*

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## Brain Map

*By Kathy Rickart, CCERAP Coordinator*

Want to learn the basics about the brain and the functions of the various parts of the brain to better understand how different injuries affect a person? Then go to [www.neuroskills.com](http://www.neuroskills.com), click Research, the click Brain Map. It’s fun! Read the introduction and then click the part of the brain you want to learn more about.



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## New Limits on Medicare Therapy Services

*By Robert Pierce, Colorado Division of Insurance*

Medicare instituted a strict dollar cap on physical therapy, occupational therapy, and speech-language pathology they will pay for in outpatient settings. The limit, which began on September 1, 2003, sets a payment cap of \$1590 for services received in virtually all outpatient settings including doctors’ offices, independent therapists’ offices, nursing homes, and at home.

Patients who hit this payment limit can still receive therapy services. Limits generally do not apply to services received in a hospital outpatient department unless the patient is in a Medicare-certified skilled nursing facility. So after a patient reaches the limit, they can continue to receive therapy services by going to a hospital outpatient department.

The limit is applied to services received in a calendar year, and resets each January 1. Patients receiving Medicare-covered therapy services in 2003 will only have services from September 1 to December 31 counted against the cap. A fact sheet may be accessed at [www.medicare.gov](http://www.medicare.gov).

B B “Coma Guide For Care Givers” will be available to the first 20 people at the October CCERAP meeting B B

# Brain Injury Support Groups

Resource: Colorado Brain Injury Association and Scott La Point, Hangout Program Coordinator

The purpose of a support group is to share with and support one another for the mutual benefit of the whole group. Some essential elements of a support group are:

- 2 sharing of oneself
- 2 sensing others care
- 2 active, involved listening to others and being heard by them
- 2 meeting and accepting the needs of others
- 2 receiving and giving an opportunity to really be understood
- 2 an atmosphere where positive and negative views can be expressed without being judged or labeled
- 2 a two-way street, both giving and receiving among members
- 2 awareness of common needs and strengths
- 2 an opportunity to get in touch with oneself
- 2 a place to find courage and to take risks

Go to [www.biaincolorado.org](http://www.biaincolorado.org) to find a list of support groups in Colorado. A support group might just be what a recovering TBI person needs.

In addition to the numerous monthly support groups throughout the state, there is one unique group that meets weekly, called the “Hangout”. It is the only group of its kind in Colorado. Rain or shine, heavy snowfall or financial shortfall, the Hangout in West Denver is the place to be on Wednesdays for people with brain injury. From 10am to 1pm each week, at the First Mennonite Church, 430 W 9th Avenue, people come to socialize, to network with other survivors, to participate in various group activities or simply to hang out. There are outings and guest speakers, as well as training on how to become self-advocates. Members are involved in every aspect of operating the group; planning activities; setting and spending the budget, and encouraging others who are learning to live again with either an acquired or traumatic brain injury. For more information call (303)362-4545 or (720)341-8437.

*Scott La Point, hangout Program Coordinator, sustained a traumatic brain injury in a 1993 cycling accident.*

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## Planning Strategies for a Happy Holiday Season

*By Carolyn Rocchio, Family News and Views, November, 1997.  
Reprinted courtesy of the Brain Injury Association*

Thanksgiving through the first week of January is a special time of the year for family gatherings, parties, and holiday celebrations. As much as the family may look forward to this time of happy occasions, it can also be a difficult time for individuals with brain injury and their families.

For some it can be a period of depression when thoughts are more focused on losses and an inability, imposed by the injury, to participate in and enjoy the holidays as before the brain injury occurred. Families with unrelieved caregiving responsibilities may be unable to attend functions as in the past and in some cases refuse invitations which exclude the family member with brain injury. Even inclusive invitations may be declined for fear of embarrassing social skill lapses on the part of the individual with brain injury.

Alcoholic beverages are commonly offered at social events during the holidays and alcohol consumption can be very dangerous for persons after a brain injury. It is believed that the effect of alcohol is significantly increased after a brain injury, having possibly 3 times the effect to that of an uninjured person. Many individuals with brain injury use prescription drugs for seizures and other medical conditions and the use of alcohol may alter the effectiveness of these drugs and/or increase the risk of seizures.

When, as a result of a brain injury, individuals are depended upon a structured environment at peak performance, the holiday season can be a difficult time. In most households the holiday season is replete with added stress to get things done, additional entertaining, shopping, and extraordinary confusion. For individuals with low tolerance to noise and increased motion in their environment, they often become stimulus bound, and shut down cognitively. Therefore, it is wise to consider planning around problem areas for an enjoyable holiday season. Although many individuals with brain injury accommodate change well, it is often best to prepare in advance so schedule changes will be accepted more smoothly. Some suggested ways to make the holidays fun and less stressful for all, particularly when persistent cognitive/behavioral issues are problematic might include:

1. <sup>AAAP Eiden</sup> Holiday shopping should be a fun activity and indoor malls are weather controlled and safe places for strolling on foot and/or for those wheelchair or walker assisted. However, the holiday period can make shopping less than a fun activity without preplanning. Start early to avoid the holiday crowds and use the opportunity to incorporate cognitive exercises into the planning. The individual with brain injury should make a list of gifts to be purchased or hand made. If possible, include suggested gift ideas and estimates of costs associated with the gifts.

2. <sup>AAAP Eiden</sup> Catalogs that come in the mail this time of year are wonderful for gift ideas and also for estimation of prices. Take some time to sit down and look through a few as part of the independent planning phase.

3. <sup>AAAP Eiden</sup> Make out a simple budget before going to the bank and allow your family member with brain injury as much control of the funds as possible even though money management skills may be impaired.

4. <sup>AAAP Eiden</sup> Place greater emphasis on use of journals or calendars to record routine events as well a holiday activities. Schedule a week in advance, with a daily review to make note of any changes as they come up. Those accustomed to a daily routine may be better prepared when special dates and activities are written in the journal and/or on the calendar in colored ink or emphasis.

5. <sup>AAAP Eiden</sup> Each day, during the holidays, orient the individual by discussing the day's activities over breakfast to avoid misunderstandings about changes from the normal routine. It is helpful to repeat this information several times during the day for those with severe memory problems.

6. <sup>AAAP Eiden</sup> If bright or flashing lights bother your family member and/or possibly trigger seizures, carefully plan any additional lighting that will be used during the holidays and avoid laser holiday lighting displays.

7. <sup>AAAP Eiden</sup> Crowded places and loud music may also bother some individuals and should be taken into consideration and monitored, if necessary.

8. <sup>AAAP Eiden</sup> Food is a big part of holiday fun and many of the foods may be very temptingly displayed. Parties, holiday family dinners, and open house gatherings are often scheduled at times that do not coincide with routine mealtimes, thus, presenting a problem for those whose mealtimes are more rigidly scheduled. You may want to offer a light snack at the regular mealtime to "tide him/her over" until the main meal, or make whatever adjustments are necessary. For those with more severe cognitive deficits, which interfere with appropriate food intake, it may be necessary to help with monitoring to avoid overeating. It is very common for damage in the hypothalamus area of the brain to interrupt signals to the brain which help the individual know when their appetite has been satisfied, thus, many with brain injury need help with quantity control monitoring additional memory problems and attention can derail a persons resolve to watch their food intake to avoid excessive food and beverage intake. After a brain injury burning of calories may also be changed and individuals who could eat anything and everything before the injury may need to more diligently watch calories to avoid weight gain.

9. <sup>AAAP Eiden</sup> By all means don't forget that increased activity during the holidays may be more fatiguing than usual so plan rest periods accordingly. This is particularly important when cognition and behavior are problems. Fatigue often increases confusing and can result in an outburst or other kinds of unpleasant behaviors.

10. <sup>AAAP Eiden</sup> Structure can be your best strategy for ensuring the entire family has a higher quality of life. Initially it takes effort to get the structure in place but it pays dividends in the end. Flexibility is a key work during the holiday season but planning a preparation will hopefully result in a happy holiday for family and friends.

Next comes New Year's resolutions! Start thinking about ways your entire family can enjoy life more fully, fulfill the demands of your caregiving role and provide the best possible quality of life for your family member with brain injury.

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## New Medicare Billing Publication for Coloradoans

*By Robert Pierce, Colorado Division of Insurance*

"Managing Your Medicare Bills" is a new publication designed to help people on Medicare understand the health billing process, and understand what, if any, amounts they must pay. The publication is designed to help consumers avoid overpaying on health bills and to make it easier to understand the oftentimes confusing billing process.

The publication contains a worksheet for consumers to track payments by Medicare and supplemental insurances, and determine what they need to do about provider billings. It includes extensive information on what Medicare pays for, what Medicare does not pay for, and how to understand messages on Medicare statements explaining their payment decisions.

Copies are available free to people on Medicare by calling their regional Colorado Senior Health Insurance Assistance Program at 1-888-696-7213, or at 303-899-5151 in metro Denver. Copies can also be requested via e-mail to [Robert.pierce@dora.state.co.us](mailto:Robert.pierce@dora.state.co.us).