

- Now's the time for all good men to get together with one another. We got to iron out our problems and iron out our quarrels and try to live as brothers. Try to find piece of land without stepping on one another. And do respect the women of the world, remember you've all had mothers. We've gotta make this land a better land in the world in which we live. We gotta help each man be a better man with the kindness that we give.

- I know we can make it.

- I know that we can.

- I know darn well we can work it out. Yes, we can. I know we can, can. Yes, we can, can.

- Good morning. Good morning. This is Ability Radio.

- I know we can.

- You and Your Health. Happy New Year. My name is Amelia Headley LaMont and I'm joined this morning with Iris Bermudez. Good morning, Iris.

- Good morning.

- How are you?

- I'm fine. Thank you. Happy New Year.

- Happy New Year. Yes. We are excited to be back and we look forward to sharing some great information with you. First of all, a little bit of ground rules. We request that there's no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we don't give medical advice so we won't be able to respond to questions that requests that kind of information. This program is brought to you by the VI Lottery, "Making a difference program." And we welcome call-ins from everyone. If you have a question or would like to share in the conversation, please call us at 779-1079 or 713-1079. Iris, you may recall that awhile back, we were talking about Medicare versus Medicaid and how people get very confused between the two. Can you just briefly tell us what the differences are and then we will move on into a more in-depth view of the Medicare program?

- Not a problem. Medicare [clears throat] is a national insurance that covers individuals who apply for Social Security or who are disabled, under 65 years old. It's a health insurance, national health insurance based on the FICA Taxes that we all pay into the system while we're employed. Medicaid, on the other hand, is an income-eligibility program. It's in partnership with the federal government and the state government who work together to provide medical assistance to beneficiaries who have limited income, so it's a limp, it's an income based program but all 50 states territories have a Medicaid program within their locations.

- All right. So, okay, so, you're saying persons with disabilities can apply for Medicare if they are 65 or younger.

- Yes.

- If you're a person without arguably disability, then the time for which you are eligible is 65, and that applies to everyone who has paid into the federal government FICA Tax system.

- Right. And as long as you're eligible for Social Security, you will receive Medicare or you will auto, if you're receiving Social Security benefits, you will automatically be enrolled in Medicare. If you're under 65 and disabled, you would have to wait a 24-month period until you're eligible for Medicare. That's a two-year waiting period.

- Okay. All right. So Medicare also has certain parts, right?

- Yes.

- It's Alphabet soup, ABCD?

- Yes.

- Okay. [laughs] Can you refresh our recollection as to what means what or, you know, how that comes into play?

- Yes, absolutely. Medicare Part A is what is covered in hospital type settings, institutional type settings hospitals, what services you receive while you're out of the hospital such as Hospice care, or there are some hospitals that have that service within its hospital also, or Home Health Care. Now, Home Health Care are services, skill nursing services that you receive in the home, and skill nursing facility services are services that you receive once you've been in the hospital at least for three days and you still require therapeutic services, and these services are provided in an institution separate or within, again, the confines of a hospital, it depends where you're at, to strengthen and to provide therapies such as physical therapy, speech therapy, occupational therapy, which is to help improve whatever medical condition you had that need improvement such as, for example, a person might had have a stroke and although they've been discharged from the hospital because they no longer are required to stay in the hospital, they can receive ongoing therapeutic services in a skill nursing facility. Hospice care services that beneficiaries receive, it's considered end of life services, but these are services that the beneficiary is entitled to, as long as they meet the definition medically necessary and their physician submits a referral for continuum of care services to these beneficiaries, so the beneficiaries. There are a lot of criteria. There are a lot of guidelines with respect to the services, but most physicians, especially those that take care of the beneficiaries, they know more or less, you know, what is expected and so they provide a referral and/or a prescription for the beneficiary to receive these type services under Part A.

- Now, this hospice care can be provided in someone's home, correct?

- Yes. Yes. Doesn't necessarily have to be, well, it's usually provided in home, person's home or, some hospitals in the states have an attached facility, entity facility that can provide the service. I don't know [clears throat] if the Virgin Islands has this arrangement, but some other hospitals do.

- Okay. If anyone has any question in this regard, again, feel free to give us a call at 779-1079 or 713-1079. Okay. Iris, tell us about the other parts of Medicare.

- Sure. And I wanted to say, too, that Part A, you don't pay a premium. It's usually premium-free unless you didn't pay into all the 40 quarters that were necessary for you to receive Part A premium-free.

- That's good to know.

- Yes.

- That's very good to know. [laughs]

- [clears throat] sorry. So premium, Part A is premium-free in most cases. People can pay into it if they're still missing some quarters. They can just make arrangements with Social Security. Part B, now, are services that are received outside the institutional setting, outside the hospital. When you go to your doctor's office, when you need laboratory services, and you go to the laboratory, when you need durable medical equipment, when you need preventive services. And the last time we were on the air, we talked a lot about [clears throat] preventive services and how important it is for folks to start, you know, practicing preventive services because that helps that any medical condition that's ripe to invade your body or whatever doesn't happen because your physician and you are, you know, looking at this all the time and making sure that it doesn't become more complicated than it needs to become.

- Well, give me some example, though. What's preventive care?

- Preventive care is...

- Exercise? [laughs] is that valid?

- Well, maybe. If you were in a Medicare Advantage Plan, then services such as going to a gym would be covered. But in the Virgin Islands, since it's a traditional Medicare, fee per service, you don't have that option. But preventive services is making sure that you get your vaccinations timely. It's making sure that your doctor looks and say, "Hey, you know, you need a mammography. You need a colonoscopy. You should do this. You should do that to offset a diabetes screening." All these are preventive services that can help offset the continued growth or medical conditions that after a while will become kind of difficult to manage. Not that they're not manageable but if we get it in time, then, you know, you can deal with it timely and not have it become too bad in medical condition. Because we're all getting older.

- Right.

- And we're all developing all these little, you know, arthritis and even talking about dementia, not that there's anything that can help with dementia but at least you can try to catch it a little early and offset, you know, some of the problems that people will experience with that medical condition.

- I guess the question would be is how do you determine what's preventive versus, you know, your standard, I'm in here now and I need this kind of treatment? I don't know if it's a code or whether an individual can talk to somebody in the Medicare office or, you know, who, how can we fashion that, because again, as you mentioned before, the Affordable Care Act is patient center so the patient or the, you know, the health care consumer is in the center and has to make those kinds of judgment calls or at least drive it. How we do fit into all this?

- Okay. Well, technically, when, once you become a Medicare beneficiary, you're entitled to the, "Welcome to Medicare" physical exam. That's the first thing, you know, Medicare does. "Welcome to Medicare", this is what we want you to do. We want you to go to your physician, make an appointment, go

to your physician, whoever the person is and have him do a "Welcome to Medicare" physical exam. What that does is it sets a baseline of what your medical situation is like. If you have any issues or any illnesses that seem to be popping up because it's not only the "Welcome to Medicare" service. Afterwards, since the physician and you set this baseline, then every year, you can do a Medicare annual visit where that physician will be looking at your chart, will be looking at your record, "Oh, you know, you didn't do this last year. We need to get this done now." This is just a preventive type of thing that will allow certain medical problems to grow and to become, to become in a sense, worse than what they really should be when we practice preventive medicine. One of the things that we've learned throughout the years is that people who don't have insurance can afford to go to a doctor or don't know what other services are available for them will wait until their situation or their medical condition become so bad that they have to run to the emergency room. And the emergency room was first established for emergencies not for clinic updates or to take care of people who can go to a doctor or can go to a clinic but a lot of people don't have insurance or in the past weren't insured so they didn't know what to do.

- Right.

- So many of them had to wait or waited until it, the, their medical condition became so bad that they had to go to the emergency room and we would like people to stop thinking in that sense and turn towards preventive medicine so that your doctor and you can develop a relationship where they will monitor your medical situation, where they will tell you, you know, this result came back. I mean, for example, some people have such a good relationship with their physician that right now, with electronic health records, your, the physician can pull up your laboratory results and can compare laboratories from what, two months ago, three months ago and can say, "Hey, your sugar went up. What happened here? We need to take care of this. Hey, you know, your blood count is a little low. What's going on with you?" And that's how they form that relationship that is so crucial for them to be well or continue to be well if they have that relationship with their physician. So it actually starts with the beneficiary and the physician.

- And arguably, the physician would be the one who accepts Medicare?

- Yes.

- At the outset has to be a Medicare provider.

- Well, you should be if you wanna pay less, you go to a physician that accepts Medicare and we talked about providers, participating providers. We talked about non-par providers and we talked about opted-out providers in the last show that we had here. But it would be to your benefit, you know, to the consumer's benefit to go to a provider that accepts Medicare. What does that mean? He will bill Medicare. The beneficiary will receive a Medicare summary notice and will, and which will indicate you went to such and such provider on such and such a date and Medicare paid such and such and this is what you owe the provider. This is what you're responsible for paying.

- And I understand that a lot of providers here in the Virgin Islands do accept Medicare?

- Yes, most of them do accept Medicare so, you know, it's a good thing.

- And I suspect, as I believe you indicated there is a list online where you can see who or what entities accept Medicare.

- Yes, the Medicare payment payer for the Virgin Islands is First Coast Services Options. They're one of the CMS's contractors on the FICA service side and they're the ones that are responsible for paying the providers when they submit your claims to Medicare and then sending the Medicare summary notice to the beneficiaries.

- Excellent. Excellent. Tell us a little bit about Part C whether it even applies to us and Part D.

- Well, part C might apply to the Virgin Islands but Part C has Medicare advantage plan where the beneficiaries will receive all their Medicare services through a health plan, a Medicare Advantage plan which is what they call the Part C. Medicare Advantage plans can provide services that traditional Medicare does not provide such as when we started first, we talked about gym, exercising. They can do that to make sure that their beneficiary stay fit and well. They could provide dental care which is very limited in Medicare, traditional Medicare as well as ophthalmology services which are limited under Medicare. And that's Part C where Part C, you will have to pay in some case, you may have to pay a premium as well as making sure that you pay the Part B premium. So that's two premiums you wanna pay there but like I said, we don't have Medicare Part C in the Virgin Islands but we can if an insurance company decides that he'd like to, or he or she would like to come into the Virgin Islands market but for now, we don't. Part D is a prescription drug program which was implemented 2006 where for the first time, you know, in the Medicare program, prescription drug was made available to Medicare beneficiaries. Currently, you, in the Virgin Islands, you have a standalone prescription drug program. You also have other programs in the Virgin Islands that can assist with prescription drugs like the SPAP. The State Pharmaceutical Assistance Program, they can help as well. But the Part D, if the beneficiary doesn't have creditable coverage under employer insurance then they are required to enroll in Part D so they can get their prescription drug needs filled. If they don't, they might end up paying a penalty.

- Okay. So if you are retired and not working for, you know, a number of years or period of time, the only way in which you can get some kind of coverage for your medicine is to pay into the Part D Medicare program.

- Well, you have to enroll in Part D if you don't have any other type of prescription drug program or you're not covered under prescription cover, program. Again, if you don't have, then, and you do decide later on that you're going to enroll, then you may have to pay a penalty which is one percent per month of, from the time you were eligible, first eligible to receive, to receive Part D and now you're not, and you have enrolled.

- All right. Well, we are going to take a little break and we'll be back in just a few moments.

- [music playing]

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- Can I have a...

- No, uh-uh.

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- Hello. This is Ability Radio, You and Your Health. I'm Amelia Headley LaMont along with Iris Bermudez and I am so pleased to tell you that we are now joined by Denise Singleton, state director of AARP. Denise, good morning.

- Good morning.

- How are you?

- I'm great. It's good to be here to address the public.

- And Happy New Year, first of all. It's been the first time I've seen you since the New Year.

- And same to you.

- We've been covering a number of issues. Again, informing our audience about Medicare, what parts are of Medicare, how important it is for health consumers which is all of us to be informed, to be engaged, and we were talking about the parts of Medicare and Hospice Part A, inpatient services being part of Part A, outpatient services Part C, not yet applying to the Virgin Islands but what's possible under a Part C scenario and prescription drugs. I would think that we need to address, in some respects, caregiving, how the role of a caregiver and times where the role of a caregiver is particular important. Whether it's, you know, while you're in between, I don't know, health versus ill health, end of life. So, Iris, let me ask you, how should we tackle this?

- Well, I think it's very important not only to the residence of the Virgin Islands to understand what's going on but particularly health care providers because they're very crucial to the care of that beneficiary whether it's in a skill nursing facility, well not necessarily skill nursing facility but Hospice Care, Home Health Care. And they have a need to understand the parts of Medicare, how to access services, where to go for services, and it just so happens that we have the expert person that can talk about the caregivers and we're so, so happy. So please, Denise is here today because we know that she's been working diligently with caregivers and understand their frustrations and I can say for personal experience, I became a caregiver but I was lucky because I knew Medicare, I knew where to go, I knew who to call, I knew what to do but folks a lot of caregivers don't and that's why we asked her to be here because we feel caregivers are just very important. Too important not to have this information available or where to go to get the information, Denise.

- Well, you know, most people think that you don't begin to worry about caregiving until you get older. But you can have caregiving concerns at a younger age. If you're in an automobile accident, if you, for any

reason that you become disabled whether it's for a short period or a long term, then you will need someone that will help you get the care that you need to keep up the quality of your life. Now, recently, AARP has been working on something called the Care Act and it went through the health committee just recently. It was passed by the legislature but it hasn't come up before the rules committee for the final part of the process. And what this Care Act did was to address caregiving when you are immediately discharged from the hospital and that is an area where most caregivers need a lot of help. If no one trained you how to give care to your friend, or neighbor, or family member that you're trying to give care to, then you're really stuck. So, in addition, in addition to passing legislation, the other thing we did was to partner with the Department of Human Services to produce a directory of who does what and where you go for that help and that's what you can get from calling the AARP office. You can just call us at 713-2002 and ask for us to send you a copy of the directory. It's a very comprehensive directory. It talks about home health, where you go for hospice care. It talks about a lot of things that you will need. So, right now, we're chipping away at caregiving, trying to make it easier for residence.

- You mentioned a very interesting point in having to do with hospice care which is something we touched upon just a little bit earlier. I understand we have a call. Let's take that call and see who it is. Good morning.

- Hello, good morning.

- Hi. Who's calling, please?

- Hi. Hi, good morning Amelia. It's Tracy Sanders. How are you?

- Hi, hi. Great, great. Happy New Year.

- Thank you. Thank you.

- Go ahead.

- This topic so important and I think I was really presented Medicare in a very easy way to understand because it is so complicated and even health care professional can get [inaudible] what's in Part A and what's in Part B and of all the changes that are currently undergoing with Medicare but I did wanna just call in and really underscore that hospice is here, we've been here for 16 years. It goes part and partial also with the issue of caregiving and caregiver support. You know, managing expectations, giving them the correct education to be able to handle medications and equipment, personal care and for many of us

in health care, it's just so common place and we really have to break it down to the caregiver so that they are not fearful or feeling incompetent in what they need to do with their love one.

- This is very, very, very useful information. And Tracy, I hope that at some point, you will be able to join us and help clear up the mystery around caregiving and all it's, you know, [inaudible] is that something you'd would be able to do?

- I'll be happy to do. We started a program a few years ago and we called it The Educated Caregiver and it really goes through kind of the personal, emotional feeling someone has. That can be despair, anger, frustration, resentment and, you know, caregivers think, "Oh, my God. Is this a normal feeling?" And it is. You know, how to read a medication bottle, how to know how to setup medication, how to utilize equipment, just like a bed. Simple things like changing maybe a [inaudible] or a bed pad, turning someone skin care. You should see our caregivers bloom when you are imparting on them, the knowledge and the skill, so that they're able to care for their love ones. So, many times you hear, "I'm not a professional. I can't do that." But I can assure you all of us that are nurses and home health aides and homemakers, we have to learn and do some things that is easily taught to the caregiver and it requires a lot of extra support.

- Okay. How often is this training offered?

- We get, kind of, as needed. I think now that we're in 2016, we're looking for a venue on each one of the islands, Saint Thomas, Saint Croix, and Saint John to have it. It is a six-hour program and it's today pretty inclusive. And those that have come have been caregivers themselves. As Denyce said, people that anticipate needing to caregive down the road and it's is really an enjoyable, it's a very interactive program.

- Hmm. Sounds great. And I looked forward to hearing more about this. This would be a very helpful service that you're providing to the community. So Tracy, if this is in any way agreeable to you, I would welcome you to join us so we can look into this with much more detail. Thank you so much for calling in. I appreciate it.

- All righty. Thank you as well. Have a nice day.

- You too. Denyce, how would you, how do you see AARP were complementing this?

- Well, we've worked with Tracy on numerous occasions to provide seminars and we do it there, right there in our classroom. We have a classroom within our office complex and we like to do it there because we like to work with small groups. When you're working with caregivers, you will normally find that they

have tons of questions and so what you wanna be able to do is to answer all of their questions. And if you have, like, the group becomes too large, then you don't get those questions answered. I also wanna let the public know that there is a caregiver support group. Many people come into our office and don't know that this is existing currently within the Department of Human Services. And the director for that program is our Arleen Evans O'Reilly. And they have a lot of information. They talk to people about getting respite care and respite care is if you're a caregiver for a long period of time, there comes a time when you need a break from that. And anybody out there who has been a caregiver knows that sometimes you feel like you're coming apart yourself and when that happens, you cannot give good care. So there's a lot of resources out there but you just have to know how to access them.

- I'm so glad you said that, Denyce, because caregiving is not just taking care of the physical part of the person's illness or medical condition. It's emotional. It's psychological. It's spiritual. And my experience taught me all these things and I felt like I was falling apart myself to the extent that I was unable to sleep because I kept paying attention to the person I was taking care of. I wanted to make sure that if she went, "Huh," I was there, "What's going on," you know? So it's very overwhelming, very overwhelming.

- And it can be very overwhelming if you don't know what you're dealing with and I say that because we have a lot of early dementia in our community. And what happens is I get people who come into my office and they're so frustrated. They say, "Mommy's being so willful. I keep telling her the same thing over and over and over and she won't listen to me." No, that's not the case. Mommy's not being willful. What the caregiver has to understand is mommy may be in the early stages of dementia where she's forgetting and that affects your short-term memory so she can maybe remember something that happened 20 years ago but maybe she can't remember what happened yesterday. So the caregiver has to first get a good diagnosis, then some training. Once you get the training, you're more comfortable, and then you'll be able to sleep at night and figure out how to get the help you need to get your errands done. And the other thing that was good about our Care Act is that it included for government employees, time off to take your loved one to doctors and a lot of times, that's very time-consuming for the caregiver, getting the medication straight. It's a 24/7 job and you need support to do it well.

- That's right.

- So the Care Act is, you said it has to go before the rules committee, is that where it is right now?

- Yes, it passed on from the committee of jurisdiction which was the Health Committee chaired by Senator Violet who really understands the need. The other thing that he wants to go further with is to look at how we can support caregivers financially because right now, there is no support. Iris, you talked about what is covered under Parts A, B, C, and D and there is nothing right now that provides support for the caregivers except what comes from the Department of Human Services.

-Right.

- And so it's very difficult. Everyone knows that I did caregiving for my mom because I took her everywhere with me.

- Right.

- And it got to the point where we were gonna have to declare bankruptcy because she, the scene, the doctors transporting her off the Island for care, getting a firm diagnosis. It takes a lot your resources and if you're a young person that has children, you're giving care to your children which we call down and to your parents which we call up and we call you the sandwich generation because you're right in the middle.

- Right in the middle.

- So that's our next step is to look at, to work with our policy makers to see if there is some way that we can find funding to better support caregiving.

- I'm glad you said that, Denyce, because we had a conference one time and we brought in a professor from University of Florida and he talked about the cost in caregiving and we're talking thousands and thousands and thousands and thousands of dollars just to provide that service. And especially if it's like 24/7, it's humungous and that if the government were to fund that program, it would...

- It would be almost impossible.

- It would be, yeah.

- For the government to fund it and we know that. And especially, we did a survey in 2015 to identify exactly how many caregivers there are in the Virgin Islands. And that was even difficult to even guesstimate after the survey. We know that it's more than the 12,500 that we presented to the legislature.

- It's a lot. It's a lot.

- But there's other people who provide care to neighbors and friends especially now since a lot of the younger people had to move off Island to find work, so a lot of people are giving care and again, without some kind of little financial support wherever they can find it, it's just becomes so burdensome that sometimes you just wanna give up and that's what we don't want people to do. That family member or that friend may be the only person that is helping to keep that need going and, keeping, actually keeping that person alive.

- Exactly. Exactly. Keeping that person alive. Like I said it was...

- Yeah. So it's life and death.

- Yeah, it's emotional, it's psychological, and it's, you have to be there to encourage that person to make sure that they do what they need to do for themselves and then what you need to help them with so they can kind of remember, you know, okay, because it'll go into depression.

- Yeah.

- Some like them get very depressed. Some of them get very, "Oh, I don't know why I'm alive and why am I, why are you taking care of me," you know, that whole psychological, emotional thing. And then you start doing, you know, trying to be very spiritual with them. I know with my family member we brought a minister during the time she was receiving hospice care which was very encouraging, but they only come, but so often, it's not a daily thing. And you're dealing with this on a daily hour per hour basis, so yes.

- And some of the Dementia patients get very combative.

- Yes.

- Because they don't remember that you're family and so they're so frustrated that they will fight back and so, you need to be trained to know what do in those kind of circumstances because you don't wanna be, hurt yourself, you don't want the rest of the family members if they're living in your home to have any problem but it's all about as Tracy says, it's about the training.

- Training, yes.

- And the caregiver support group is a good place to start because it allows you to listen to other caregivers and you, some of the solutions that they have already identified.

- Exactly.

- So Denyce, can you repeat the caregiver support group, it's, is it sponsored by Human Services?

- Yes.

- Okay. Do they have meeting place or how does that work?

- Yes. They do, first of all, you need to get in touch with Human Services and register for the program but here on Saint Croix Way, they normally meet over at the building that's across the street from the court.

- Which court?

- The, oh, near McDonald's. I don't know the [inaudible]

- Okay. The District Court?

- District Court.

- Okay.

- Learning something myself. And that's normally where they held meetings. Now, as that grows, they may have changed that location so that's why I tell people to call the Department of Human Services and register. That helps us to determine how many people really are seeking help and to design programs that really can help them. The other thing is for 2016, we have written caregiving classes into our AARP State Plan. So again, we will be working with Tracy, with Ms. Evans O'Reilly and of course, that's all under the direction of Vivian Ebbesen-Fludd who is the commissioner there. So, you know, it takes, you know, I heard this all my life, "It takes a village to raise a child but it takes a village to take care of a person who is aging that needs your help," you know, it has to come from a variety of sources, not just one family member but from a variety of support services.

- And like you mentioned, Denyce, a lot of the young folks have left so you even, you have some, I know you have church religious organizations trying to help their congregations as much as possible but they too need help.

- That is true. And what I hear all the time are people who come to my office with stories about how somebody in that family has to quit work.

- Yeah.

- Wow, yeah.

- Because you cannot keep a full-time job when you're rushing home to get meals, put together some caregiving task, have to be done at night. So it's like you said, Iris, you're up in the morning, early with your own children and then, up late at night with that relative or friend who needs night care. It's a large job.

- Yeah.

- And so it really takes a lot of support.

- Where is AARP located in Saint Croix and Saint Thomas?

- In Saint Croix, our state office is in Sunny Isle in the annex. So we're right along the, of the main street there across from, mirror to the Kmart Appliance Store and Social Security on that side of the Sunny Isle Complex. In Saint Thomas, we only have an information center. We do not hold classes or events there but we still do a lot of work in Saint Thomas. We try to do some of our trainings by video conference because that's one service that AARP provides that works extremely well. Our video conferences and equipment is fantastic, so those are the two offices that we have.

- That's right. I can attest to that. It is, it's very, very good. It's very, very good. Medicare, the other thing we were thinking about discussing today was the resources that are available under the Medicare program and Iris, I don't know if that's something you can at least briefly touch upon?

- Well, the medic, the resources that are available to the Medicare beneficiaries include 1-800-MEDICARE and I mentioned it last time that I know at one time, the residence of the Virgin Islands were having problems accessing the 1-800-MEDICARE. It was brought to our attention and we brought it to the attention of the folks we handled, that techie stuff and they fixed it. Now if anybody's still having a problem accessing the Medicare, 1-800-MEDICARE number, they can call the SHIP Program, let them know they're having a problem with that and they can either call CMS in New York who handles the Virgin Islands and let them know that this is happening again and they'll have to work with it. You also have your Medicare in your handbooks. Just like I said the last time, we know it's a lot of reading, we know it's complicated too and, but still, it's a resource that you have available that if you need to find out about hospice care, who to go to, what to do, what services are covered, what are your appeal rights, you know, what are your, how can you file a grievance then you know that that information is in that handbook or you could go online and open up mymedicare.gov account.

- Which is what I have.

- There you go, you see?

- Uh-hmm.

- And it is fantastic.

- Talk about it.

- If you are computer literate or you are working with someone that you're caregiving for that is a Medicare beneficiary, you need to have one of these accounts because it tells you everything you need to know. It tells you about preventive services, which ones you're gonna get under Medicare, it's just a wealth of information and it's a place that you can go to ask a question and you're not gonna get immediate feedback like you would get on the phone but you do get feedback.

- There you go.

- And the feedback is usually pretty comprehensive so if you don't have one and you need one, open one today.

- This is what, medicare.gov?

- Yes.

- It's mymedicare.

- Mymedicare. Okay.

- Mymedicare.gov.

- Iris, I know few weeks ago, you mentioned, she would get comments like, "Well, I'm old. I'm retired. I don't have to do this," you know, but other, and so I, this is great coming from AARP. This is sounding like AARP University. Okay?

- Because we use it.

- Yeah. Yeah. Yeah.

- And you should make, you use this technology that's available just for you and it's just your account. What Medicare paid for you, what services you received, what you're supposed to pay, the 20%, and your claims are there. Any, even, well, you know, you had this preventive service this year, what about next year that, it's really, really a good tool for you personally to have and I plan to do it when I start my Medicare too because it's useful, very useful.

- We're gonna take a brief break again. This is Ability Radio brought to you by VI Lottery, making a difference.

- ...iron out our quarrels and try to live as brothers and try to find a piece within without stepping on one another. And do respect the women of the world, remember you all have mothers. We gotta make this land a better land than the world in which we live. And we gotta help each man be a better man with the kindness that you give.

- I know we can make it.

-I know we can.

- I know darn well we can work it out. Oh, yes we can, I know we can, can. Yes, we can, can, why can't we if we wanna, yes we can, can.

- I know we can make it work. I know we can make it if we try.

- Oh, yes we can, I know we can, can. Yes, we can.

- Great gosh almighty.

- Yes, we can. I know we can, can.

- The Virgin Islands Lottery, imagine the possibilities. The community supports the VI Lottery and VI Lottery supports our community. Contributing to areas in sports and fitness, arts and culture, science and academia, music and community education, the VI Lottery believes in preparing and promoting our youth for the future while also supporting community awareness of social issues, enriching lives throughout the community. With the VI Lottery, everybody wins.

- Experience the greatest products from Bose like the SoundTouch audio system at your authorized US VI Bose dealer Boolchand's in Havensight. Enjoy the world of music with the SoundTouch family of wireless speakers that work together to create a multi-room experience. Purchase a SoundTouch system this month at Boolchand and get 10% off each additional room of sound. Call 776-0302. Follow us on Facebook @boolchandsaintthomas or drop in to Boolchand's at Havensight Mall today. The entrance is [inaudible] you might be one of our lucky Bose raffle winners.

- At Champion Feed and Supplies, they know your pet's language. Uh-huh. That's a [inaudible] breed. Yeah. That little fellow of yours is going fast. You're welcome. That's one grower and one layer, you folks making plans? You're always in a rush. Hey, what's up? Yeah. We have Alfalfa Cubes. Oats and race ready. What are you gonna do? Yeah, right. Champion Feed and Supply, 777-7749. They know your pet's language. Of course, we have cockatoo feeds.

- Oh, yeah. We can make it all. Oh, only try, yeah.

- Oh, yes, we can, I know we can, can.

- Yeah, we can make it all. Sometimes it's hard.

- Well, we've learned this morning that yes, we can, yes we can, can. You're listening to Ability Radio, you and your health. I'm Amelia Headley LaMont, joined by Iris Bermudez, and our guest this morning is Denyce Singleton, State Director of AARP. During the break, Denyce, you've share a couple of very interesting...

- Resources.

- Information, resources. So I'd like for you to bring that forth because this is not something to keep in house for sure.

- Well, the first thing that we spoke about was the fact that we know how intimidating that Medicare handbook can be because it's so very much to read.

- Uh-hmm.

- But AARP has put out a new publication that is very user friendly and in fact we just got it in November or December. And it's a smaller version that is a reference source to the big thick handbook. And it's far less intimidating to read. The other resource that we have from the AARP Office is that there is a program, it's called Digital Coaching where senior high school, high school juniors and seniors that need community service hours, work with AARP to provide resources for seniors that need it. And senior is defined in the Virgin Islands as anybody over 60, in AARP we divide, define it as anyone 50 and older. So don't feel ashamed if you need to come in and have one of these young people show you how to use your phone, your tablet, or how to navigate a website. So, and we were saying that the Medicare website has a lot of information and sometimes you have to learn how to navigate it or get help with that navigation so you can always call the AARP Office and make an appointment because you have to so that we have the younger person there when you can come. And once we do that, we give you some help in that area.

- Now, is there a fee for the service?

- Yes, your membership to AARP.

- That sounds pretty, pretty reasonable to me. Sounds very reasonable. And the book that you mentioned, it's a, an essence, a summary, a footnote, short, a cheat sheet so to speak?

- Yes, and it's, it's not as many pages. And what I tell people is, read one page a day.

- A day.

- Because that gives you a chance to digest the information because it's a lot of information when it comes to Medicare. I've been working with them since 1976 and there's still a lot for me to learn.

- It's got more now.

- Right.

- 1976. Okay, Denyce, we won't go into why is [inaudible] you look wonderful.

- You sure does.

- Because I started as a...

- As a child, okay.

- Young child. Okay.

- Exactly.

- Well, you know, today we've learned a lot and I'm so grateful and appreciative that you came.

- Yes.

- And that we've learned so much about what AARP is doing in our community, I mean, you, your work has been just absolutely phenomenal, your outreach efforts, the information that you provide to the community.

- Partnerships.

- Yes, and your partnerships, so I'm, I'm proud to say that the Disability Right Center has partnered with AARP for a number of years on a, on a variety of things. And I'm always learning.

- Uh-hmm.

- And I'm...

- We all are.

- We all are.

- You know, the notion that because you are retired or an older adult, we all have so much to learn and things change a lot. So our job and I'm hoping that we can include our listening audience in this, is to learn more, expand our consciousness, not be afraid to ask questions. AARP is essentially a free resource. Disability Right Center is also essentially a free resource. So I encourage you to ask questions, become engaged. Bear in mind that you do need to call and schedule an appointment but we're here to help and we're here to learn together. And I am so appreciative to have the two of you here today to, you know, sharing that. Iris, do you have any other additional information we should share today?

- Well, I wanted to throw a plug out for the SHIP Program, the State Health Insurance Assistance Program that are located in the hospitals in the Virgin Islands, and I want to let the listening audience know that they're in the process of being relocated, so you'll probably hear more of that information later on, or in the newspapers, just be in the lookout, but they can provide information about Medicare coverage and what's available, what's not available in the territory. I think one of the things we said before was that not, since we don't have part C in the in the territory but you do have a regional Medicare that covers just about everything with some few exceptions, like dental care, eyeglass wear, and things like that. But they are available or the 1-800-MEDICARE, or Denyce's resources are excellent, so there is information out there. There are resources out there. So let's try to bring down I don't know to, oh, I do know. And this is why we're here.

- I do know, and if I don't know, I have a question.

- I have a question and I will ask.

- Right. Denyce, any parting words for us?

- I just wanna thank the personnel that's in the VI SHIP Office. They do a great job especially here on Saint Croix, we work with him as well and they're there to answer your questions, and a special shout-out Ms. Herbert.

- Yes, thank you.

- That's good to know, that's good to know. Well, we'll be back joining you next week. I know Iris has been working on a list of offices and individuals with a health perspective, but we're taking it a more broader approach. Not only are we focusing on you sitting in the doctor's office but we wanna look at preventive health, such as good nutrition, what else, what else?

- Diabetes.

- Diabetes, maybe some information that because...

- Cancer awareness.

- Okay. You know, issues that are...

- Prevalent.

- ...prevalent here in the US Virgin Islands. So again, and if you have any suggestions, comments, I certainly would welcome that. You can if you would wish send me an email, my first name A-M-E-L-I-A @drcvi.org, ameliadrcvi.org, and if you have any questions or concerns, please let us know because we

wanna be relevant. We know it's early but this is something that really needs to be focused on. Let me also mention that this show is recorded and recordings will be posted on our website. So if you didn't quite hear what Denyce Singleton said about so and so or what Iris said about this particular thing, you can go to our website which is drcvi.org and tune in, all right? I'd like to also thank our tech person. He's been fabulous folks.

- Yes, he has. Yes, he has.

- So have a good day. Thank you so much. Happy New Year and we'll see you next week.

- I know we can make it.

- I know that we can.

- I know darn well we can make it out. Oh, yes, we can, I know we can, can. Yes, we can, can, why can't we? If we wanna, yes we can can.

- I know we can make it work. I know we can make it if we try.

- Oh, yes, we can, I know we can, can, yes, we can.

- Great gosh Almighty.

- Oh, yes, we can, I know we can, can.