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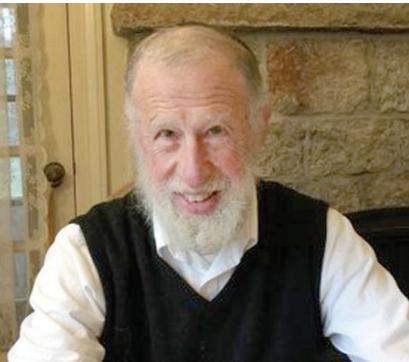
HEALTH & WELLNESS



rethinking
your diet
page 8

Beware of the Cobra Trap

BY MEIR HOROWITZ



CONTRIBUTED PHOTO

COBRA has nothing to do with snakes but it can really come back to bite Medicare beneficiaries. The rules surrounding COBRA and Medicare are complex. Hopefully, this article will help clarify some of the confusion.

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act.

Employees who lost or left a job with their employers are often eligible for COBRA. Temporary health continuation will often be granted to spouses and dependents after a qualifying event. Please note COBRA applies to employers that have 20 or more employees. In general, qualifying events include: termination of employment (other than for gross misconduct) a reduction of hours, death, divorce or legal separation.

In the case of a qualifying event, enrollees can be required to pay 102 percent of premium costs, which includes the full premium and a 2 percent administrative fee. COBRA can provide continuation

of health insurance for 18 months up to 36 months and can be literally a lifesaver for people who lose their jobs and access to group health coverage. The periods of coverage can be extended, depending on the situation. Check with your employer health benefits representative. Under COBRA, the continuation of coverage must be identical to the "core" or basic benefits the employee or dependent received prior to terminating employment.

Under COBRA, you have 60 days from the date you would lose coverage or 60 days from the date you received the election form to choose COBRA coverage.

If you have COBRA coverage before you enroll in Medicare, your COBRA coverage may end. This is because the employer has the option of canceling continuation coverage when Medicare entitlement begins. If you elect COBRA coverage after you enroll in Medicare, you can keep continuation coverage. However, you

need to make a decision about when to enroll in Medicare Part B if you are not already eligible. Your spouse and dependents may keep COBRA for up to 36 months, regardless of whether you enroll in Medicare during that time.

If you have Medicare Part A only when your group health plan coverage ends and you or your spouse is no longer actively working, it's very important to enroll into Medicare Part B even if you choose to continue employer group health coverage under COBRA. Why? Coverage under COBRA is not due to current, active employment, which means your Medicare coverage is primary (pays first).

When your employment ends, you have an eight-month special enrollment period, to enroll in Medicare Part B.

Here is the COBRA Trap

If you do not enroll during this eight-month period, you may have to pay a Medicare Part B pre-

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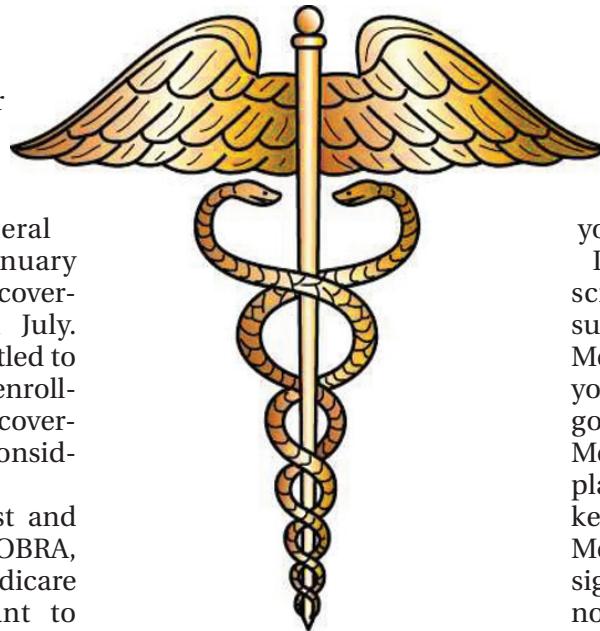
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mium late penalty, and your coverage could be delayed. You will only be able to enroll in Medicare Part B during the General Enrollment Period (January through March), and your coverage will not begin until July. Remember, you are not entitled to a Medicare Part B special enrollment period when COBRA coverage ends because it's not considered as active employment.

If you have Medicare first and then become eligible for COBRA, you can enroll in both Medicare and COBRA. It's important to remember that Medicare pays primary and COBRA is the secondary payer. So, you don't want to drop your Medicare — without Medicare, you have no primary insurance, which is essentially like having no insurance at all. After Medicare pays, COBRA may cover some or all of what Medicare does not pay.

COBRA often ends when Medicare coverage begins, but



this isn't always the case. For example, COBRA policies may cover prescription drugs, dental coverage and pay for other health care expenses not found in the basic Medicare package. As a result, a person might want to keep COBRA and also be on Medicare simultaneously. Make sure you understand which policy — COBRA or Medicare — will be the

primary payer of covered charges and which will be secondary, and how each form of coverage may affect your out-of-pocket expenses.

If a COBRA policy includes prescription drug coverage, make sure it is "creditable" in the eyes of Medicare. This simply means that your drug coverage is at least as good as that provided by a Medicare Part D prescription drug plan. If this is the case, you can keep COBRA after enrolling in Medicare, and you will not have to sign up for a separate Part D plan nor face a late-enrollment penalty for failing to do so. Keep in mind that the window for signing up for a Part D plan is 63 days from losing employer drug coverage. If you fail to sign up in time for either Medicare Parts B or Part D you will be hit with some stiff premium surcharges for late enrollment that can last for the rest of your life.

Whether you should take COBRA depends on the type of

coverage you want and can afford. As mentioned earlier, your COBRA coverage may include extra benefits that Medicare doesn't cover such as routine dental care or eyeglasses. Having both COBRA and Medicare can be quite expensive so you should perform a cost-benefit analysis. If you choose not to have COBRA, make sure you talk to your benefits coordinator on how this may impact your dependents.

Many people are often completely unaware of the difference between active employer group health insurance and COBRA insurance. Don't fall into the "COBRA trap." Medicare is always considered primary when you are no longer working and covered by COBRA.

Still have questions? You can contact me at 845-428-5101 (Office), 347-633-0852(cell) or by emailing mhinsures@gmail.com.

Meir Horowitz is an Independent Medicare Agent at MEH Associates.



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BY MELISSA STICKLE

The data shows an increase in drug overdose and opioid related deaths from March 2019 to March 2020. There was a 30.5 percent increase in drug overdose deaths and a 35.6 percent increase in opioid related deaths.

Why is this happening? (listing not limited to)

Social isolation has been a cause. Some social distancing measures make it much more difficult for people to maintain their mental health, especially people who are in recovery, because being isolated from others can trigger feelings of loneliness, stress, depression and anxiety.

Home isolation may also challenge sobriety due to: Excess of unstructured time, cancellation of in person recovery meetings; Anxiety or inability to visit a doctor's office, which may cause people to (attempt to) self-medicate; work related stress; and work related injuries.

Employers have been redesigning work to physically distance workers (6-foot rule) and eliminate touching of shared equipment and workstations.



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We thank all of the essential service providers for their dedication to our community!



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Employers should involve workers and unions (when present) in identifying jobs and other work factors that pose a risk of injury, stress, and pain and take action to prevent injuries and stressors that may lead to prescription opioid use or self-medication.

Healthy responses to stress include self-care. This means getting enough sleep (7-8 hours per night), healthy eating, socializing, exercise or movement and relaxation.

Also, reach out to co-workers or neighbors who are struggling, and remember to get professional help if stressors are having a negative impact on your life.

Government agencies have made a temporary change in regulations allowing people in recovery to access telemedicine and obtain medically assisted treatment (MAT) and counseling, as well as larger supplies of these lifesaving medications. This was done to comply with social distancing recommendations and has increased access to MAT and counseling.

About MAT

Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a

result in opioid use.

These injury risk factors include lifting, pushing, pulling, bending, and reaching of heavy loads, awkward postures, repetitive motion, and elimination of job rotation.

What can be done? (Not limited to)

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"whole-patient" approach to the treatment of substance use disorders.

Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.

Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.

The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

MAT Effectiveness

In 2018, an estimated two million people had an opioid use disorder which includes prescription pain medication containing opiates and heroin.

MAT has proved to be clinically

effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy that address the needs of most patients.

The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to: Improve patient survival; Increase retention in treatment; Decrease illicit opiate use and other criminal activity among people with substance use disorders; Increase patients' ability to gain and maintain employment; and improve birth outcomes among women who have substance use disorders and are pregnant.

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse.

MAT Medications

FDA has approved several different medications to treat alcohol and opioid use disorders. MAT medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body.

Medications used for MAT are evidence-based options and do not just substitute one drug for another.

Alcohol Use Disorder Medications

Acamprosate, disulfiram, and naltrexone are the most common medications used to treat alcohol use disorder.

They do not provide a cure for the disorder, but are most effective in people who participate in a MAT program. Learn more about the impact of alcohol misuse.

Opioid Dependency Medications

Buprenorphine, methadone, and naltrexone are used to treat opioid use disorders to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.

These MAT medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use.

Opioid Overdose Prevention

Medication

Naloxone is used to prevent opioid overdose by reversing the toxic effects of the overdose.

According to the World Health Organization (WHO), naloxone is one of a number of medications consid-

ered essential to a functioning health care system.

MAT Medications and Child Safety

It's important to remember that if medications are allowed to be kept at home, they must be locked in a safe place away from children.

Methadone in its liquid form is colored and is sometimes mistaken for a soft drink. Children who take medications used in MAT may overdose and die.

Find MAT Treatment

MAT Medications are administered, dispensed, and prescribed in various settings such as a SAMHSA-accredited and certified opioid treatment program (OTP) or certified practitioners depending on the medication.

You can also check the following: The Opioid Treatment Program Directory; SAMHSA's Behavioral Health Treatment Services Locator; SAMHSA's Buprenorphine Treatment Physician Locator; SAMHSA's National Helpline – 1-800-662-HELP (4357); and Substance Use Treatment Locator (FindTreatment.gov).

Melissa Stickle, LCSW-R, CASAC is the Sullivan County Department of Community Services Director.

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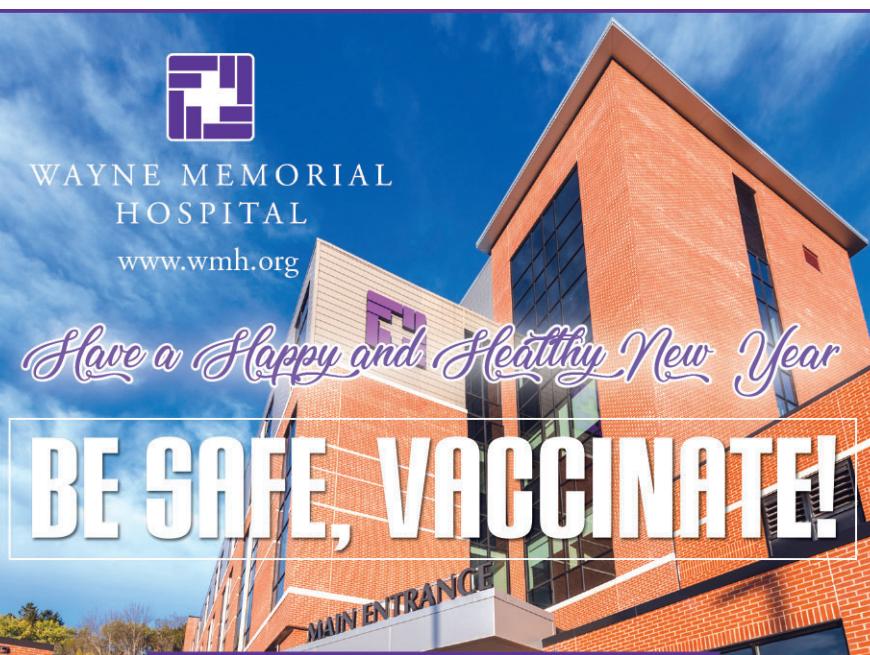


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The Alzheimer's Association Hudson Valley Chapter, which serves seven counties in New York, including Sullivan County, has a variety of programs and services available for the general public and for families living with dementia.

Due to health concerns related to COVID-19, most of these are currently being provided virtually or by phone.

The Association's 24/7 Helpline at 800.272.3900 is always available to answer any questions and concerns. Typically, during and after the holidays, the number of calls increase when people who recently visited friends and family that they haven't seen in a while notice changes in their loved ones. The Helpline is an ideal place to find answers and resources for additional assistance.

"Helpline calls often lead to local referrals to our chapter for additional resources, such as free education programs and personalized family care consultations," said Meg Boyce, Vice President of Programs and Services for the Hudson Valley Chapter.

Reach out for guidance if you notice significant changes in a loved one



CONTRIBUTED PHOTO
Some signs of forgetfulness are different and possibly more significant than others.

As our loved ones age, we often attribute memory loss to a normal aging, although some behaviors or signs of cognitive decline may result from something more

severe. Boyce noted it can be tempting to remain in denial about such changes in a loved one's behavior, but that putting off a diagnosis can add to difficulties

down the road.

"Alzheimer's is not a normal part of aging. It is a progressive disease, in which the symptoms gradually worsen over time," she said. "Ignoring signs of cognitive impairment out of fear or denial can lead to greater heartache and the possible worsening of the situation."

The Alzheimer's Association Hudson Valley Chapter encourages families to keep the 10 Warning Signs of Alzheimer's in mind:

- Memory changes that disrupt daily life, such as forgetting important events.
- Challenges in planning or solving problems, such as keeping track of monthly bills.
- Difficulty completing familiar tasks, such as driving to routine places.
- Confusion with time or place.
- Trouble understanding visual images and spatial relationship.
- New problems with words in speaking or writing.
- Misplacing things and being unable to retrace steps, such as putting keys in the freezer.



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- Decreased or poor judgment, such as giving large sums of money to telemarketers.
- Withdrawal from work or social activities, and forgetting how to work on a favorite hobby.
- Changes in mood and personality, such as becoming angry or fearful for seemingly no reason.

"If you notice someone struggling with a familiar task, it's important to reach out to their healthcare providers," Boyce said. "Early diagnosis is crucial, as it gives the person living with the disease and their family more time to plan for the future, as well as the opportunity to take advantage of some drugs that can help manage symptoms in the early stage."

The association offers free educational programs for the general public with advice on recognizing warning signs, how to live a healthy lifestyle to reduce the risk of developing dementia, information on legal and financial planning and more.

Educational programs for those directly affected include advice on managing care throughout the disease, common dementia-related

behaviors and how communication changes as the disease progresses.

Live programs via Zoom or phone can be found by searching by zip code at alz.org/crf. Pre-recorded educational programs are available anytime at: alz.org/help-support/resources/care-training-resources.

In addition, the Hudson Valley Chapter offers free virtual support

groups and social programs for people with dementia and their loved ones that help combat isolation and provide meaningful interactions.

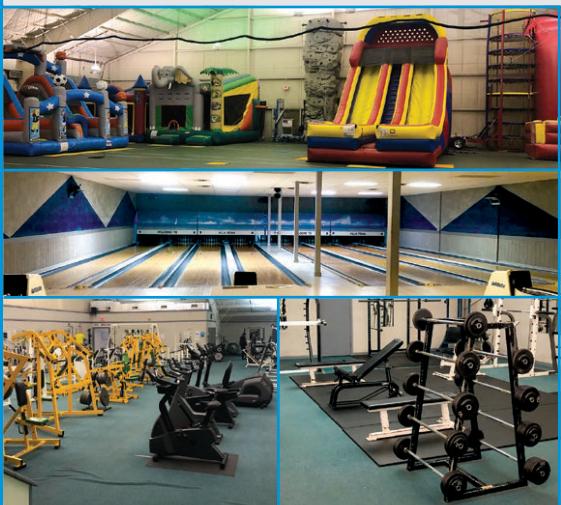
Social programs include virtual tours of museums and other destinations as well as virtual concerts and interactive sessions featuring music, art, movement and more. For details about when support groups or other social activities

are being held, visit alz.org/hudsonvalley or search by zip code at alz.org/crf.

About the Alzheimer's Association and Hudson Valley Chapter

The Alzheimer's Association leads the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection and maximizing quality care and support. To learn more about the programs and services offered locally, visit alz.org/hudsonvalley.

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Mindful musings:

Veganuary for January or for always

BY NICOLETTA LAMARCA SACCO

A new year brings new beginnings and resolutions. At New Year's 2019, I heard the word "veganuary" for the first time. Veganuary is an annual challenge that educates people about veganism and encourages them to follow a vegan lifestyle for the month of January. According to their website, since the UK nonprofit organization started the event in 2014, participation has more than doubled each year. An impressive 400,000 people signed up to the 2020 campaign. For more information, please visit veganuary.com.

A colorful and crunchy Waldorf salad that's a terrific change at any time of year, (vegan mayo available at Pecks) and a lunchtime staple for anyone wanting an easy start to their Veganuary menu planning.

Vegan Stroganoff is a perfect and satisfying hearty winter meal that can be served with mushrooms, and many kinds of "meat" substitutes like tempeh or seitan.



anuary.com.

Some people follow their winter holiday indulgences with a month of vegan living in January. After Veganuary, some people even decide after going vegan for the first month of the year that they will continue to embrace veganism long-term. Any step in the direction of eating more plants is good for your health. And winter is a great time to embrace so



many cozy bowls of chili and soups made with nutritious squash, beans, and colorful veggies.

A simple online search of vegan or "plant-based" will yield information about lifestyle changes and recipes that have become popular recently. Beginning as a fringe movement, veganism has expanded over the course of the pandemic. These environmentally friendly movements go back decades, however.

Veganism (non-dairy vegetarianism) goes back to the 1940s and plant-based, earth-friendly diets to the 1970s. People with time to spend at home baking, reading, and taking an interest in their food choices have come to realize that meatless Mondays and other plant-based changes can benefit their diets, environmental concerns, and budgets all at the same time.

Some families make gradual changes to their eating habits.

Others, in the spirit of New Year's resolu-

tions, make a sudden change on January 1. Saying we became vegetarian and stopped eating meat "cold turkey" seems...odd. I prefer to say that we did a diet "about-face." As a writer, I have realized there are adjustments to be made to language, too. I use, "feed two birds with one scone," as a friendlier version of the other expression.

During time spent at home in 2020, our family examined diet choices, grocery budgets and daily habits. We looked at what shoes, fur-



ture and cleaners are made from; how often we could make our own traditional all-natural cleaning supplies, shop thrift stores, recycle, and simplify.

We spent time during the lockdown researching vegetarian and vegan diet and life choices, the impact on the environment, recipes and methods of egg and dairy substitutions for the recipes we had always made, and many recipes from around the world that are already vegan and require no substitutions.

So here's to your health in 2022. Have a happy Veganuary, everyone!

LaMarca-Sacco is a graduate student living in Roscoe with her husband, Steven, and their dogs, Pupcake and PomPom. Their children are grown.



Above: Samples of take-away "Bento Boxes" that fulfill anyone's desire for a nutritious meal away from home.

Many diets from around the world have always been primarily vegan and are as delicious as the Ethiopian spread shown at left.

Getting mental health help

When many clinicians ‘are not taking on new patients’



METRO CREATIVE SERVICES PHOTO

BY M. LORI SCHNEIDER

One of the hardest questions we as advocates get asked is “How do I get help for a loved one who doesn’t want help?” Since the onset of COVID, even more so in the past several months, an equally frustrating question is - “How do I get help for someone who wants help!?” It’s more and more difficult to find a Clinician – especially a Psychiatrist, who’s taking on new patients.

The Sullivan County Department of Community Services’ Mental Health Clinic, prior to COVID had an Open Access policy allowing people in need to come in without an appointment and be seen by a clinician that same day. Due to safety protocols with the onset of the pandemic, Open Access is a thing of the past; and because of short-staffing, the Clinic is able at this

time to take on very few new patients and no new patients for mental health talk- therapy only.

The SCDCS Clinic is accepting new Chemical Dependency, Pharmacotherapy and Forensic patients and can be reached at (845) 292-8770. Many other local Clinicians, if taking on new patients at all, have prohibitively long wait lists.

It’s been recently brought to my attention that our neighbors in Orange and Ulster Counties have a Virtual Mental Health (and Substance Abuse) Urgent Care facility run by Access: Supports for Living whose services are available to Sullivan County residents.

Adults and children struggling with Anxiety, Depression, or any other mental health or substance use concern can utilize this resource.

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Support for any person in the Hudson Valley who needs help. The Virtual Urgent Care centers provide support for a short-term, bridge prescription to fill a need until individuals can see their regular provider – or in some cases, until they can find a regular provider. The Access Virtual Urgent Care can be reached by calling 1-888-750-2266, option 2.

In addition to these Mental Health Urgent Care facilities, Access: Supports for Living also runs Mental Health Clinics in both Middletown and Newburgh that are accepting new patients, from anywhere in the Hudson Valley. Both clinics are currently offering either live, in-person appointments or Virtual, Telemedicine. They accept most insurance, including Medicaid and also offer a sliding scale for those without Insurance. The Middletown Clinic can be reached by calling (845) 692-4454. For the Newburgh Clinic, phone (845) 562-7244.

As always, in a crisis, Mobile Mental Health is available in

Sullivan County to all County residents 18 and over who are experiencing a psychiatric emergency.

A dedicated team of mental health professionals is just a phone call away, 24/7 at (845) 790-0911. For a Child or Adolescent in Crisis, SullivanArc offers a Children's Mobile Crisis Intervention available off-hours weekday evenings from 5 pm - 7 am; all day weekends and holidays. Call (845) 701-3777.

NAMI Sullivan County, NY is the local affiliate of the National Alliance on Mental Illness. Primarily a family support and advocacy organization, NAMI Sullivan has been providing services since 1983. While NAMI doesn't provide clinical services, we can put you in touch with local resources and arm you with knowledge and support with Family Support and Peer Support groups. Support Groups are currently meeting virtually, via ZOOM or by phone. If you or someone you love has been diagnosed with a mental illness or are experiencing symptoms, you are not alone. For information about mental illness or the services provided by NAMI Sullivan, phone (845) 794-1029.

M. Lori Schneider is the Executive Director of NAMI of Sullivan County, which is located at 20 Crystal Street in Monticello.



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BY SAMANTHA MONTAGNA

Since opening in 1983, Wellness Home Care Ltd has provided many different types of home care and specialized services to the community. With their current offices in Goshen and Newburgh, anyone in search of home care services can call 845-294-8364 to discuss their needs.

Wellness Home Care Ltd provides home care services for anyone who is "nursing home certifiable" said Chief Marketing Officer, Gabriel Martinez. In addition to assisting clients with everyday tasks in their own homes, nurses are also trained in services like medication management, wound/dressing care, post-surgical care, colostomy/ ostomy care, ventilator dependency, occupa-

CONTRIBUTED PHOTO

When it isn't possible to get out for necessary physical therapy it is to any patient's great advantage to have a qualified nurse/aide come to them.

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tional and physical therapy, end of life care, and home infusion services (hydration, pre-natal care, chemotherapy, and more).

Nurses and aides can care for clients with health problems such as cancer, heart disease, diabetes, MS/ALS, and any other illness, and they are able to assist in the home for as little as four hours a day up to twenty-four hours a day. Nurses and aides can also care for individuals who need short term care such as after a surgery or an injury.

Martinez also explained that Wellness Home Care Ltd has been consolidated under the company Always Compassionate based out of Melville, New York. Wellness Home Care Ltd is one of five companies under Always Compassionate.

Always Compassionate is a much larger company, but Martinez says that has been a benefit for the community. Local offices have remained opened to keep consistency and emphasis on the local people; although in the future, the Goshen and Newburgh offices will be consolidated, Martinez said. Always Compassionate has been able to provide more resources and advanced technology to better serve the Hudson Valley especially amid the Covid-19 pandemic.

Martinez explained that Wellness Home Care Ltd has faced multiple challenges like any other employer during the pandemic. Recruitment and staffing have been challenging, but Martinez insisted that Wellness abides by Covid regulations reli-

giously since the people that they serve are often more vulnerable and compromised.

Always Compassionate provides unlimited PPE (KN95 masks, gowns, face shields, gloves, etc), training on safety, and communicates through texts and phone calls with employers, clients, and families on a "transparent basis" about risks, exposures, and other notifications. In addition, every caregiver must fill out a Covid questionnaire twice a day electronically to assess their own well-being.

Every caregiver is also equipped with a cell phone to be able to communicate twenty-four hours a day and check in every morning and afternoon with the questionnaire to mitigate exposures and ensure proper care. These "additional resources have helped immensely" to keep the focus on the community's needs and the clients' care, Martinez stated.

Care "starts with a call," Martinez said. Individuals in need of services can call 845-294-8364, and then there will be an interview to evaluate the type of care that will be needed.

Martinez said that Wellness/ Always Compassionate works with most insurances, Medicaid, County/Government programs, and private pay. Clients can receive care in Putnam, Orange, Sullivan, Dutchess, Ulster, Westchester Counties, and even in New York City and Long Island.

Clients can also visit www.wellnesshomecare.com or www.alwayscompassionate.com for more info.



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- Avoid large crowds. Remember to wash your hands frequently and practice social distancing when you can.

Keep yourself healthy!

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