

goodbye
FEBRUARY
hello
MARCH
2020
Clark County ADRC
Newsletter

GENERAL ENROLLMENT FOR MEDICARE PARTS A & B

January 1 – March 31, 2020 is known as General Enrollment (GEP), a time designated for individuals who didn't enroll in Medicare A and/or B during their Initial Enrollment Period (IEP) when they turned age 65 or upon leaving active employment to do so. Coverage starts July 1, 2020. Individuals who enroll during the GEP will have a late enrollment penalty unless they qualify for a Medicare Savings Program.

Medicare 101 Presentation

This presentation is for individuals turning 65 or for anyone in need of a better understanding of the complex world of Medicare. It will cover how and when to apply, the difference between Parts A, B, C and D, Medicare savings plans and more.



Wednesday, March 25 at 1pm
ADRC Conference Room, Room 202



Please call Amanda at the ADRC of Clark County to register 715-743-5166 .

2020 Eligibility Quick Check

Medicare Savings Programs, Extra Help and SeniorCare Level 1

By the GWAAR Medicare Outreach Team (for reprint)

SINGLE:

	MSP	Extra Help	SeniorCare Level 1
Income*	\$1,405	\$1,561	\$1,665
Assets	\$7,860	\$13,110	none

COUPLE:

	MSP	Extra Help	SeniorCare Level 1
Income*	\$1,902	\$2,113	\$2,254
Assets	\$11,800	\$26,160	none

*Income limits based on 2019 federal poverty guidelines.

Medicare Savings Plans: Covers the cost of Medicare Part B premium and possibly co-pays and deductible, depending on income. Enrollment in a Medicare Savings Program will automatically qualify you for Part D Extra Help.

Extra Help: Lowers the premium, deductible and copays for Medicare Part D plans.

SeniorCare: A Wisconsin program designed to help seniors with their prescription drug costs. (Must be 65 or older to enroll.)

Temporary Suspension of Medicaid and BadgerCare Plus Member Copays

By the GWAAR Legal Services Team

Do you normally pay \$1–\$3 at the pharmacy or for health care visits? This payment is called a copay. The Wisconsin Department of Health Services (DHS) will temporarily suspend Medicaid and BadgerCare Plus member copays for dates of service beginning January 1, 2020. This temporary suspension is expected to end on June 30, 2020.

The reason for this suspension is because under federal law, members enrolled in most forms of Medicaid may not be charged premiums and copayments that exceed five percent of their income. To ensure this requirement is met, DHS will be implementing system changes to monitor member copays, and while these changes are being implemented, member copays will be suspended.

Beginning January 1, 2020, Medicaid-enrolled providers may not collect any copays for services provided to Medicaid and BadgerCare Plus members. Members will receive a Member Update in the mail regarding the copay suspension which will include instructions on how to inform their providers of the change if necessary.

Note: This copay suspension does not apply to SeniorCare, Wisconsin AIDS Drug Assistance Program, or Wisconsin Chronic Disease Program. Members in those programs will continue to be charged copays. □

BadgerCare Plus Changes Start February 1, 2020

By the GWAAR Legal Services Team

The Wisconsin Department of Health Services (DHS) recently announced changes to BadgerCare Plus. These changes will affect adults ages 19-64 who are not pregnant and who do not have dependent children living with them. On November 1, 2019, DHS mailed information about these changes to current members who are childless adults. Members will receive a separate letter that provides more detail about the changes at their renewal.

These changes include:

Emergency room copay. Members will be charged a copay of \$8 if they visit the ER for care in a situation that is not an emergency. The \$8 copay will not apply if the provider determines the visit to be an emergency. The provider's decision will be based on the patient's symptoms, rather than the final diagnosis. Please note that federal law requires hospital emergency rooms to screen every patient who seeks emergency care and to stabilize or transfer those with medical emergencies, regardless of health insurance status or ability to pay. BadgerCare Plus members who are tribal members, the child or grandchild of a tribal member, or who qualify for Indian Health Services do not have to pay emergency room copays.

Monthly premiums. BadgerCare Plus members who are childless adults and who have incomes over 50% of the Federal Poverty Level will be charged up to \$8 each month for their entire household. In 2019, 50% of the Federal Poverty Level was \$520 per month for a household of one or \$705 per month for a household of two. These numbers will likely change for 2020. Members who do not pay all owed premiums by the end of their certification period will lose eligibility for six months. BadgerCare Plus members who are tribal members, the child or grandchild of a tribal member, or who qualify for Indian Health Services do not have to pay monthly premiums. In addition, members who are homeless, were homeless at any point in the last 12 months, have been residing in a medical institution for at least 30 days, or who have a disability will not have to pay monthly premiums.

Optional health survey. Members will be given the option to complete a health survey. If members are required to pay monthly premiums, they can reduce their monthly premium by reporting healthy behaviors like wearing a seatbelt, exercising, and not smoking. Premiums may be reduced to as low as \$4 per month based on members' answers to this survey.

Treatment needs question. To be eligible for BadgerCare Plus, members must answer a question about their drug use during the last 12 months and, if applicable, their willingness to enter treatment. Their answer will not affect their health care benefits in any way. . If an applicant or member does not answer this question, the applicant or member will not be eligible for BadgerCare Plus as a childless adult. Please note that there is no drug test requirement for BadgerCare Plus.

Coverage of residential substance use disorder (SUD) treatment. Federal law used to restrict coverage of SUD treatment in residential facilities for BadgerCare Plus members. However, as of February 1, 2020, SUD treatment in residential facilities will be available to all BadgerCare Plus members and other individuals who receive full-benefit Medicaid. This is the only change being made to BadgerCare Plus health care benefits at this time.

These changes will go into effect for new applicants on February 1, 2020. These changes will affect current BadgerCare Plus members who are childless adults at their next renewal after February 1, 2020. Both new applicants and current members will be required to pay a copay for any non-emergency visits to the emergency room after February 1, 2020.

As with all benefits, members should notify their income maintenance agency about any changes in income or family size to determine if their eligibility will change or whether they will be required to pay a premium. If you have any questions about whether these changes affect you, please contact your county's Aging and Disability Resource Center.

Common Myths about Opioid Addiction

By the GWAAR Legal Services Team

Myth 1: Only people addicted to other substances get addicted to opioids.

Truth: Opioids can cause physical changes in any person's body. Two of these changes are tolerance and dependence. Tolerance is when it takes more and more opioids to get the same effect as it did before. Dependence is when the body feels withdrawal when regular opioid use is stopped. Just because a person has no prior history of addiction to other substances, he or she is still at risk of these physical changes.

Myth 2: If I have a prescription and I have been taking it for a long time, I am not at risk for an overdose.

Truth: Simply taking opioids puts you at risk for an overdose. Other factors that increase your overdose risk include the following:

- Age. People between the ages of 25 and 54 are at the highest risk;
- How long opioids are used;
- Taking other prescription drugs in addition to opioids; and
- Having other health conditions like depression, asthma or sleep apnea.



Myth 3: In the emergency room, opioids are the best pain reliever.

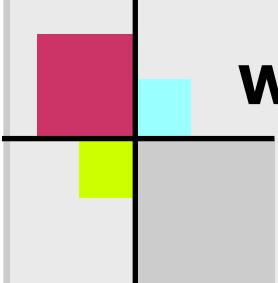
Truth: Pain is the number one reason people go to the emergency room. Often, patients are given opioids for pain relief. Some recent studies have shown, however, that over-the-counter pain medications such as ibuprofen and acetaminophen are just as effective at treating short-term pain for emergency room patients.

Myth 4: Opioids are the best for chronic pain.

Truth: The Centers for Disease Control and Prevention recommends using other drugs and treatments as much as possible before turning to opioids for long-term pain relief. There is not enough research to prove that opioids are even helpful in relieving long-term pain. In fact, some studies show that common over-the-counter drugs helped reduce pain more than opioids after a year.

Myth 5: Doctors want to stop my opioids but don't care that they help my pain.

Truth: You may feel you aren't being heard or are afraid of the pain getting worse if you stop taking opioids. You may also fear withdrawal and going through it alone, or a lack of control over how your pain is treated. Talking to your doctor can help. You can discuss how reducing or stopping opioids can help relieve your pain and improve your quality of life, and what alternatives may be available to you. □



What to do if You Picked the Wrong Medicare Drug Coverage

By the GWAAR Legal Services Team (for reprint)

Each year, during an enrollment period that takes place from October 15 to December 7, Medicare beneficiaries can make changes to their Medicare coverage. Beneficiaries can switch between Original Medicare and private Medicare Advantage plans, they can switch between Medicare Advantage plans, and they can join or change stand-alone Part D prescription drug plans. These changes go into effect on January 1.

For the enrollment period that just ended this past December, the Centers for Medicare and Medicaid Services (CMS) rolled out a completely redesigned Medicare Plan Finder tool. Medicare beneficiaries can use this online tool to compare plan options, estimate costs, and enroll in plans. In late November 2019, CMS reported that Plan Finder traffic was 14% higher than in 2018.

However, you may have heard about reports of “glitches” with the new Plan Finder. These include inaccurate details about drug prices and pharmacy networks. Some people also reported difficulty sorting search results. Although CMS updated the Plan Finder almost daily, beneficiaries may have signed up for plans before the mistakes were caught. Unfortunately, now that their new coverage has started, some people are learning that the plans they chose do not work well for them. For example, their copays might be higher than estimated on the Plan Finder, or their preferred pharmacy might not be in their new plan’s network.

If you chose a Medicare Advantage plan or Part D plan based on bad information, you may be able to change your plan. CMS has a process for you to request a special enrollment period that would allow you to change your plan. You can call 1-800-MEDICARE and explain that there is an issue with your plan choice. If your choice was based on inaccurate information, you might be granted a special enrollment period to change your coverage.

People who are enrolled in a Medicare Advantage plan already have an opportunity to switch plans. Each year, from January 1 until March 31, beneficiaries enrolled in Advantage plans can change plans or switch to original Medicare and a stand-alone Part D plan.

In addition, some other circumstances will give you a special enrollment period to change plans. For example, people who recently moved to a new area with different coverage options, lost employer-sponsored drug coverage, or were recently released from jail may qualify for a special enrollment period. In addition, someone living in a skilled nursing facility can switch or drop plans. Finally, if you are enrolled in both Medicare and Medicaid, you have additional opportunities for a special enrollment period.

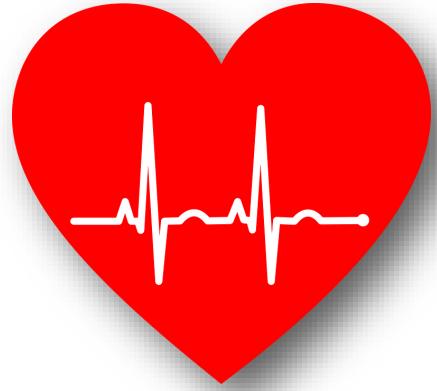
If you have any questions about whether you qualify for a special enrollment period or would like help choosing a new plan, please contact your local Aging and Disability Resource Center. If you have an urgent need for medication, and you cannot fill your prescription because your Medicare plan does not work the way you expected it to, please contact the Aging and Disability Resource Center right away. □

National Healthcare Decisions Day—April 16, 2020

Celebrate National Healthcare Decisions Day – review your advance planning documents, or create them if you don’t have any! Everyone over the age of 18 should plan for the possibility of incapacity. Take the time to discuss your wishes with your agent, family, and friends, and communicate your wishes to your providers.

Wisconsin provides free basic forms for the following:

- Power of Attorney for Finances and Property
- Power of Attorney for Healthcare
- Declaration to Physicians (aka Living Will)
- Authorization for Final Disposition (burial & funeral arrangements)



These forms don't require an attorney, but an attorney can provide legal advice and counseling for your specific circumstances to make sure your wishes are stated and carried out appropriately. The power of attorney for healthcare must be signed and dated, and must also be signed before two unrelated and disinterested witnesses. While the power of attorney for finances does not technically require witnesses or a notary, many banks and other agencies will not accept it unless it has at least been notarized. If you choose to complete your documents on your own, many banks, post offices, etc. may have notaries on staff who can help.

Social Security Administration Proposed Rule Affecting Continuing Disability Reviews

By the GWAAR Legal Services Team (for reprint)

On November 16, 2019, the Social Security Administration (SSA) released a Notice of Proposed Rulemaking (NPRM) – a new proposed regulation. The proposed rule would change how often most people receiving Social Security disability benefits and/or Supplemental Security Income based upon disability would have their disabilities reviewed. As of right now, this is only a proposed rule in the public comment phase and has not yet been implemented.

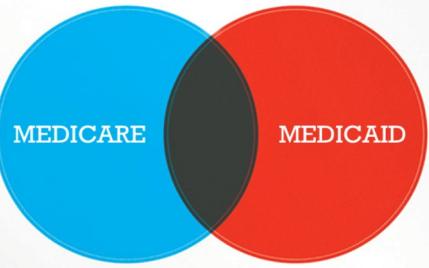
Once someone qualifies for Social Security disability benefits, they are subject to continuing disability reviews (CDRs), to see if they still meet the disability standard. How often these reviews are conducted depends on how their disability is categorized.

If medical improvement of their disability is expected, SSA will review the claim every six to 18 months. If medical improvement is possible, SSA will review the claim every three years. If medical improvement is not expected, SSA will review the claim every five to seven years.

However, under the proposed rule, SSA would create an additional category of medical improvement *likely* and review those individuals every two years. Under this new rule, SSA proposes to conduct an additional 1.1 million full medical reviews over the next ten years, and additional 1.5 million smaller-scale reviews, over and above their currently planned reviews.

SSA states that the reason for this new rule is to "...ensure that [SSA] continue to maintain appropriate stewardship of the disability program and identify medical improvement (MI) at its earliest point." However, organizations that advocate for older adults and those with disabilities state that these changes will bog down an already overloaded disability determination system and that many people who are still disabled and unable to work will lose their benefits.

The proposed rule is located here: <https://www.federalregister.gov/documents/2019/11/18/2019-24700/rules-regarding-the-frequency-and-notice-of-continuing-disability-reviews> □



Medicare and Medicaid Coverage of Continuous Glucose Monitors

By the GWAAR Legal Services Team (for reprint)

A continuous glucose monitor (CGM) is a device for people with diabetes that tracks blood glucose levels throughout the day and night. Users wear a sensor just under their skin that needs to be replaced every 3-7 days. CGMs do not fully replace traditional glucose monitors; users will still need to use traditional monitors once or twice per day to confirm accuracy of the CGM. Many of these monitors are compatible with smart phones and some may be linked up with continuous insulin pumps. CGMs are great tools that help individuals with diabetes better manage their diabetes and, in many cases, lower their A1C levels.

Both Medicare and Medicaid have specific criteria that must be met before a CGM will be covered. The main difference between these two programs is that for Medicaid coverage, the individual must have Type 1 diabetes, but for Medicare coverage, the individual may have either Type 1 or Type 2 diabetes. Medicare covers CGMs (and related supplies) under the Durable Medical Equipment (DME) benefit only if *all* of the following six criteria are met:

1. The beneficiary has diabetes mellitus; and
2. The beneficiary has been using a traditional blood glucose monitor (BGM) and performing frequent (**four or more times a day**) testing; and
3. The beneficiary is insulin-treated with multiple (**three or more**) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump; and
4. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and
5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-4) above are met; and
6. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

For Medicaid coverage of CGMs and supplies, these are the criteria that must be met:

1. The individual must be diagnosed with **Type 1 diabetes** mellitus; and
2. The individual must be 25 years of age or older; and
3. The individual must require and be compliant with intensive insulin treatment or an insulin pump and adequate self-monitoring of blood glucose (**with at least four finger sticks per day**); and
4. The individual must have motivation to use a personal continuous glucose monitoring device on a near-daily basis and have the ability and readiness to make appropriate adjustments to their treatment regimen from the trending information obtained from the continuous glucose monitoring device; and
5. The individual must have successfully completed a 72-hour trial using a professional glucose monitoring device that was found to be both clinically meaningful and tolerated by the member; and
6. The individual must be receiving in-depth diabetes education and in regular close contact with their diabetes management team; and
7. There is documentation available supporting hypoglycemic unawareness with recurrent, ongoing hypoglycemia or a significant risk for hypoglycemia; **OR**
8. The member has not been able to achieve optimal glycemic control as defined by the treating endocrinologist despite compliance with a carefully managed regimen, including four finger sticks a day.

As you can see, the criteria for coverage under these programs is very complex, and sometimes, even prescribers are not aware of all these criteria. At times, doctors may prescribe a CGM for an individual thinking that it will be covered under Medicare or Medicaid, only for the patient to be surprised that it is not because they do not meet one or more of the criteria. Unfortunately, not only is the monitor itself not covered, but then, all of the supplies the individual needs in the future will not be covered. To help avoid this situation, patients should be aware of these criteria and discuss them with their doctors before being prescribed a CGM. □

Social Security Administration

Proposed Rule Affecting Continuing Disability Reviews

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The 2020 Census is accessible for everyone.

We're making sure that **however you choose to respond**—online, by phone, or by mail—that the **census is accessible**. You'll receive an invitation to respond **beginning in mid-March**. You choose how you want to respond.



You can respond **online** in English or in 12 additional languages. The online questionnaire is accessible, following the latest web accessibility guidelines. We'll also have a video in **American Sign Language** available to guide you through responding online.



You can respond by **phone** in English or in 12 additional languages. You can also respond in English by **TDD** at 844-467-2020.



By mid-April, we'll mail a **paper questionnaire** to every household that hasn't already responded. (Some households will receive a paper questionnaire along with the first invitation in March.)

We'll have **braille and large print guides** available online to assist you with completing the paper questionnaire.



If necessary, you can respond **in person** beginning in mid-May. Census takers will visit all households that have not yet responded.

We'll have census takers available who can communicate in **American Sign Language** and additional languages. When the census taker visits to help you respond, you can request that another census taker who communicates in American Sign Language returns, if you prefer.

If you prefer, you may also choose to have another member of your household interact with the census taker.

Responding is important. A complete count helps ensure that services like Medicare, Medicaid, social security, and public transportation can support those who need them.

Responding is safe. All of the information you share with us is protected by law and cannot be used against you.

Responding is accessible. We're doing everything we can to ensure the ways to respond are accessible for everyone.

Any questions? Please visit 2020census.gov.
This website is 508 compliant and accessible to people of all abilities.

Shape
your future
[START HERE >](#)

United States
Census
2020

United States Census 2020

2020 CENSUS: Plan to be counted

Every 10 years, the constitution requires a count of every living person in the U.S. The census helps decide the number and shape of legislative districts, how government funding for hospitals, roads, schools and more should be given out. The bureau will mail an invitation in Mid-March to complete the Census on line. If you do not complete the census on line, you will receive a mailed questionnaire by mid-April or earlier. Complete the Census early to avoid additional mailings or a Census employee coming to your home.

There is one Census for one home. Complete the Census for everyone living in your house, apartment or mobile home – no matter their age and whether they are related to you or not. Count yourself where you live and sleep most of the time. Do not count people living in a nursing home, college or prison. The Census counts them separately. Only count people under your roof.

The 2020 Census will not ask about citizenship status, Social Security number, bank information, or political party or affiliation.

The 2020 Census will ask the number of people in your household, whether you own or rent your home, your phone number, and for each person in the household name, sex, age and date of birth, Hispanic, Latino, or Spanish origin, race, and relationship to the person answering the census.

WISCONSIN STATE ID CARD

You need an official photo ID card to vote. More than that, medical facilities are starting to request an official “photo ID”. If you do not have a valid driver’s license, you can apply with the Wisconsin Division of Motor Vehicles (local sites throughout the state) for a Wisconsin State ID Card. You will need a certified birth certificate, a Social Security Card, and a utility bill or cell phone bill (original documents). Check the box on the application, which says, “ID for free”.

Tips for Healthy Eyes

You may have had 20/20 vision in your younger years, but as the decades change, so does your prescription. The following eye health habits are recommended to help keep your eyes 'bright' and reduce the risk of macular degeneration.

1. Get an annual eye exam

According to the National Institute on Aging, if you're over 65 you should have a 'dilated' eye exam annually, to screen for eye diseases that may not have early symptoms.

2. Watch for discomfort or general changes in your vision

Eye irritation, burning, watering, redness, intermittent blurry eyesight, are conditions of ocular surface diseases common in seniors. If you're experiencing any of these or if you just aren't seeing as well as you used to, consult your eye doctor.

3. Do not smoke

Smokers are up to four times more likely than non-smokers to have macular degeneration.

4. Manage a healthy weight-avoid processed foods and snacks-exercise

Diets high in refined carbohydrates can add pounds quickly and increase the risk of macular degeneration, which was confirmed in a study published in the American Journal of Clinical Nutrition. Walking just a half an hour every day or participating in activities like yoga, aerobics or sports benefits the 'whole body'.

5. Wear Sunglasses and a hat with a visor in bright sunlight

Protect your eyes from harmful UV rays and blue light.

6. Maintain a healthy blood pressure

Major investigations including the Framingham Heart and Eye Studies and Beaver Dam Eye Study indicate a significant link between high blood pressure and development of advanced, potentially blinding forms of macular degeneration.

7. Eat healthy foods and incorporate leafy greens like kale and spinach

A study published by researchers at the Massachusetts Eye and Ear Infirmary reported that people who consumed vegetables rich in carotenoids (lutein and zeaxanthin) had a 43 percent lower risk of macular degeneration than those who ate these foods the least.



Dr. Mathew Mergenthaler is an optometrist with HealthView Eye Care Center
Medford & Colby 715.748.2020 or 715.223.4003

March 16-22



BRAIN AWARENESS WEEK

Dana Foundation

The Brain Awareness Week (BAW) is an opportunity to let people know about the progress that is being done in brain research as well as progress in the diagnosis, treatment and prevention of disorders of the brain, such as Alzheimer's, Parkinson's, stroke, schizophrenia and depression.

Symptoms of depression in Older Adults

- Persistent sadness
- Feeling slowed down
- Excessive worries about finances and health problems
- Frequent tearfulness
- Feeling worthless or helpless
- Weight changes
- Pacing or fidgeting
- Difficulty sleeping
- Difficulty concentrating
- Somatic complaints (unexplained physical pain or gastrointestinal problems)

Withdrawal from social activities ⁴

Alzheimer's Early Warning Signs

- Memory loss that disrupts daily life.
- Challenges in planning or solving problems.
- Difficulty completing familiar tasks.
- Confusion with time or place.
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing.

Stroke Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing or blurred vision in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

PROTECT YOUR BRAIN

Prevention is better than the best treatment. High blood pressure is a powerful risk factor for both kinds of stroke. Reduce it (ideally to 120/80) with a healthy lifestyle and medication if necessary.



Caregiver Guilt

We've all felt it. That nagging feeling like we've done something wrong; failed. It keeps prodding at you. You could have done more, done better; and now you've let someone down. Guilt.

The person you've failed or let down the most is probably you! You have an image of the "perfect you" - the way you believe you should be and the way you want to be. This image is based on your values and beliefs of how things ought to be - in a perfect world. When the things you do are different than the way the "perfect you" would have done them, you feel guilty. You've let yourself down.

For example, the "perfect you" has unending patience, but after answering the same question ten times in 5 minutes, you raise your voice in irritation. Guilt. The "perfect you" makes sure your spouse is happy, but when you have lunch with a friend on Saturday, your husband eats alone. Guilt. The "perfect you" believes your father should live with you when he is no longer able to live alone, but realistically, your job and family make that impossible. Guilt.

These feelings of guilt are common among caregivers and can actually help guide you into making good decisions. However, if your image of the "perfect you" is misaligned from what you realistically can do, these emotions can make you feel bad about yourself. If you are prone to guilt, learn to manage your guilt and use it to help you make realistic decisions. Here are some helpful tips for managing caregiver guilt.

Recognize when you feel guilt. In order to handle guilt properly, you must first be able to name it. When you get that nagging guilt feeling, own it and manage it before it gets you down.

Figure out where the guilt is coming from. What is the discrepancy between the real you and the "perfect you?" Are your expectations of yourself or your loved one too high? Do you have needs that are not being met? Do you need a break?

Give yourself a break. There is no certain way a caregiver should feel. Some days are better than others. Allow yourself to feel any emotion – anger, sadness, joy – and remember that emotions don't control your actions.

Look for ways to change how you do things. If you believe you should be more patient, find ways to deal with repetitive questioning. If your husband doesn't like to eat alone, find a friend or volunteer to eat with him while you have lunch with a friend. Let your guilt guide you into new solutions that works for both of you.

Recreate your image of a "perfect you". You may have created the image of who you should be when life was simpler. The idea of having dad move in with you was great at the time, but it may not be possible now. Committing to have him visit every Saturday may be a more realistic expectation. Promising to be your spouse's only caregiver when he just needed a little help was okay, but with the amount of care he needs now, having someone come in to help is a must.

Ask for help. Your guilt may be caused by not being able to do everything you think needs to be done; so, listen to your guilt and get some help. Ask friends or family for help, or call **Clark County ADRC 715-743-5166**. There is no shame in asking for help. No one can do it all alone. Always keep in mind that when you take care of yourself first you are a healthier caregiver, both physically and emotionally. Make sure your own needs are being met, and when that nagging feeling creeps into your thoughts, don't let it overtake you. Let it guide you to be the best caregiver you can be today.

Jane Mahoney

Caregiver Support Specialist

Greater Wisconsin Agency on Aging Resources

Inspector General Warns Public About New Twist To Social Security Phone Scams

Posted on [January 9, 2020](#) by [Tracy Lynge, Communications Director for the Office of the Inspector General](#)

The Inspector General of Social Security, Gail S. Ennis, is warning the public that telephone scammers may send faked documents by email to convince victims to comply with their demands. The Social Security Administration Office of the Inspector General (OIG) has received reports of victims who received emails with attached letters and reports that appeared to be from Social Security or Social Security OIG. The letters may use official letterhead and government “jargon” to convince victims they are legitimate; they may also contain misspellings and grammar mistakes.

This is the latest variation on Social Security phone scams, which continue to be widespread throughout the United States. Using robocalls or live callers, fraudsters pretend to be government employees and claim there is identity theft or another problem with one’s Social Security number, account, or benefits. They may threaten arrest or other legal action, or may offer to increase benefits, protect assets, or resolve identity theft. They often demand payment via retail gift card, cash, wire transfer, internet currency such as Bitcoin, or pre-paid debit card.

Inspector General Ennis urges continued vigilance against all types of phone scams no matter what “proof” callers may offer. As we continue to increase public awareness of phone scams, criminals will come up with new ways to convince people of their legitimacy. Social Security will never:

- threaten you with arrest or other legal action unless you immediately pay a fine or fee;
- promise a benefit increase or other assistance in exchange for payment;
- require payment by retail gift card, cash, wire transfer, internet currency, or prepaid debit card; or
- send official letters or reports containing personally identifiable information via email.

If there is ever a problem with your Social Security number or record, in most cases Social Security will mail you a letter. If you do need to submit payments to Social Security, the agency will send a letter with instructions and payment options. You should never pay a government fee or fine using retail gift cards, cash, internet currency, wire transfers, or pre-paid debit cards. The scammers ask for payment this way because it is very difficult to trace and recover.

If you receive a call or email that you believe to be suspicious, about a problem with your Social Security number or account, hang up or do not respond. We encourage the public to report Social Security phone scams using our dedicated online form, at <https://oig.ssa.gov>. Please share this information with your friends and family, to help spread awareness about phone scams. *For more information, please visit <https://oig.ssa.gov/scam>.*



Need legal advice? No money for a lawyer?

Wisconsin Free Legal Answers is an online service for low-income residents who cannot afford a lawyer. It offers brief and confidential legal advice when you have a civil (not criminal) legal question. And, it's free.



Easy as 1, 2, 3:

1. Go to wi.freeLegalAnswers.org and click "Get Started."
2. Use the Website to ask your question.
3. Receive an email notification when a lawyer responds to your question on the website.



Veteran News



The Blue Water Navy (BWN) Vietnam Veterans Act of 2019 ([PL 116-23](#)) extended the presumption of herbicide exposure, such as Agent Orange, to Veterans who served in the offshore waters of the Republic of Vietnam between Jan. 9, 1962 and May 7, 1975.

Beginning Jan. 1, 2020, Veterans who served as far as 12 nautical miles from the shore of Vietnam, or who had service in the Korean Demilitarized Zone, are presumed to have been exposed to herbicides, such as Agent Orange, and may be entitled to service connection for any of the [14 conditions related to herbicide exposure](#).

VA is also now able to extend benefits to children with spina bifida whose BWN Veteran parent may have been exposed while serving.

Additionally, PL 116-23 made changes to the VA Home Loan Program, specifically:

- VA-guaranteed home loans will no longer be limited to the Federal Housing Finance Agency (Federally-established) Confirming Loan Limits. Veterans will now be able to obtain a no-down payment home loan in all areas, regardless of loan amount.
- The law exempts Purple Heart recipients currently serving on active duty from the VA Home Loan funding fee.
- VA removed the loan limit for Native American Veterans seeking to build or purchase a home on Federal Trust Land.
- At this time, there is a temporary change to the VA Funding Fee, which is a congressionally mandated fee associated with the VA Home Loan. Veterans and service members will see a slight increase of 0.15 to 0.30% in their funding fee (currently for two years), while National Guard and Reserve members will see a slight decrease in their fee to align with the fee paid by 'Regular Military' borrowers (permanent). Veterans with service-connected disabilities, some surviving spouses, and other potential borrowers are exempt from the VA loan funding fee and will not be impacted by this change.

Veterans with questions about benefits or filing a claim can visit the [VA Agent Orange website](#) and [Compensation for Surviving Spouse and Dependents \(DIC\) website](#). They can also call 1-800-749-8387.



2019 HOMESTEAD CREDIT

The ADRC Office is continuing to assist folks age 60 and older with completing their 2019 Homestead Credit applications. The Homestead Credit application is a tax benefit for renters and homeowners with low or moderate income.

PLEASE BRING THE PROPER DOCUMENTATION.

Complete requirements were included in January's newsletter.

MARCH, 2020 HOMESTEAD CLINIC SCHEDULE

ADRC Office 517 Court St, Room 201	8:30 a.m.-4:00 p.m.
March 12	Granton Community Hall
	11:15 a.m.
March 11	Owen Senior Center, 112 E. 5th St.
	11:00 a.m.
March 26	Thorp Sr. Center, 116 N. Washington St.
	10:45 a.m.
March 30	Loyal Nutrition Cen. 500 N. Division St.
	11:00 a.m.
March 24	Colby Nutrition Cen. /Dix Apts. 303 Lieders St.
	10:45 a.m.
March 17	Greenwood Nutrition Center 312 N, Reese St.
	10:45 a.m.

If you filed for Homestead last year, please bring your copy. It simplifies the process.

Just a reminder, if the weather is unsafe to travel, we will reschedule the Homestead Clinic. If schools are closed due to inclement weather, so are the Nutrition Sites-therefore no homestead applications.

INCOME TAX ASSISTANCE

Please bring a copy of your 2018 state and federal tax papers with you to the appointment along with all 2019 documents. Cross-reference last month's newsletter for details.

INCOME TAX SCHEDULE: YOU MUST CALL 715-743-5144

TO SCHEDULE AN APPOINTMENT- NO WALK-INS:



Clark County Municipality Directory



Town of Beaver: Kirk Haslow beavertownhall@gmail.com 715-255-8812

Town of Butler: Janice Krzyzanowski jankrzyz@yahoo.com 715-669-5004

Town of Colby: Theoline Rankel Fax; 715-223-1194, Phone: 715-223-3031

Town of Dewhurst: Helen Bohac hel.bohac@yahoo.com 715-333-7053 cell: 715-869-0380

Town of Eaton: Michelle Lucas lucas@tds.net 715-937-4784

Town of Foster: Carol Poehlein 715-267-4538

Town of Fremont: Yvonne Schultz fremontclerk@gmail.com 715-683-2535

Town of Grant: Tammy Marty tgrantclerk@tds.net 715-743-4143

Town of Green Grove: Dawn Brossow 715-316-5250

Town of Hendren: Molly Luther 608-567-8907

Town of Hewett: Kathie Smith hewett.clerk@gmail.com 715-937-4851

Town of Hixon: Tracy Rau hixontownclerk@gmail.com 715-773-8193

Town of Hoard: Cheryl Schoening townofhoard@gmail.com 715-229-4019

Town of Levis: Jan Shilts shilts54456@yahoo.com 715-743-6534

Town of Longwood: Bill Devine billon7@frontier.com 715-613-4103

Town of Loyal: Lacii Kautzer townofloyal@frontier.com 715-255-9711

Town of Lynn: Stina Jansen lynn.townclerk@gmail.com 715-937-1626

Town of Mayville: Yulanda Schrock yulandaschrock@gmail.com 715-654-6577

Town of Mead: Nicholas Peppas 715-267-6258

Town of Mentor: Linda Laffe townofmentor@centurytel.net 715-897-8415

Town of Pine Valley: Theresa Hediger pinevalley@tds.net 715-937-4809

Town of Reseburg: Jacqueline Vetterkind 715-669-3873

Town of Seif: Rebecca Kramer 715-937-5944

Town of Sherman: Kim Nieman clerk.townofsherman@gmail.com 715-659-4574 cell: 715-219-3949

Town of Sherman: Alene Jacobson lizfilut@gmail.com 715-884-2599

Town of Thorp: Arlene Kodl akodl@hotmail.com 715-669-3442

Town of Unity: Marsha Martens mrshmrtns93@gmail.com 715-659-5166

Town of Warner: Jerome Krepasky jeromek1@tds.net 715-267-7124

Town of Washburn: Donna Kuhn clerk@townofwashburn.net 715-743-3834

Town of Weston: Donna Anding donna.anding62@gmail.com 715-937-0646

Town of Withee: Sue Boehlke 715-669-5149

Town of Worden: Jean Ketterhagen jeanketterhagen@yahoo.com 715-669-3157 cell: 715-512-0272

Town of York: Carrie Schmidt 715-743-4277



Many voters like the convenience of voting absentee. If you don't have transportation or have difficulty getting out, absentee voting can be a great option. Any registered Wisconsin voter is eligible to request an absentee ballot. If a voter is not registered, they must register to vote before an absentee

ballot can be sent to them. For additional information, call your Municipal clerk or the DRW Voter Hotline.

Here are some tips on Absentee Voting:

A voter can apply for and vote their absentee ballot in-person in the clerk's office or can request an absentee ballot from their municipal clerk. The request can be made in writing by mail, e-mail, fax or online at the [MyVote Wisconsin website](#).

- If you are indefinitely confined due to age, physical illness, infirmity, or disability, you can make a single absentee ballot request to your local municipal clerk (**found on previous page**) to be permitted to vote an absentee ballot automatically at each election, if you are registered to vote

To find the dates and hours for in-person absentee voting, voter should contact their municipal clerk. (**Found on previous page**)

- Special provisions are made for hospitalized electors and sequestered jurors to request and vote by absentee ballot on election day.
- **You must have an acceptable Photo ID to vote**

2020 WISCONSIN ELECTION DATES

Spring Primary— February 18, 2020

Spring Election and Presidential Preference Primary— April 7, 2020

Partisan Primary— August 11, 2020

General and Presidential Election— November 3, 2020



Snow Removal Safety Tips

By the GWAAR Legal Services Team

As we approach the middle of this very long Wisconsin winter, it is important to remember some tips to keep you safe when shoveling or using a snow blower to remove snow. During winter, there is always a risk of slipping and falling on ice. It is especially dangerous when that ice is hidden underneath freshly-fallen snow. Shoveling heavy snow can also cause back, shoulder, knee and other orthopedic injuries.

Additionally, shoveling or pushing a snow blower, can cause a sudden increase in blood pressure and heart rate, and the cold air can cause constriction of the blood vessel and decrease oxygen to the heart. These conditions cause the heart to work harder, which can trigger a potentially fatal heart attack.

**REMINDER: WASH YOUR REUSABLE HOME DELIVERED MEAL TREYS.
THEY SHOULD BE CLEAN WHEN THE DRIVER PICKS THEM UP THE
NEXT DAY.**

Too many treys are coming back with leftover food in them. The food dries on the container and not only are they difficult to clean, certain foods stain the treys. If you cannot wash out your treys, we will switch you to disposable ones. Please let your driver or the center coordinator know.

COURTHOUSE ELEVATOR

The courthouse elevator has been repaired. Just a reminder if you are visiting the ADRC Office for business, we are located on second floor- Room 201.

NUTRITION ADVISORY COMMITTEE (COUNTY)

A couple of months ago, I was recruiting volunteers to serve on the County Nutrition Advisory Committee. We have volunteers step forward for the Loyal and Thorp Centers but need representative for Owen, Greenwood/Willard, Colby/Abbotsford, and Neillsville areas. The Advisory group members should be a participant of the congregate or home delivered meal program. If you are interested, please contact Mary at 715-743-5145.

ENERGY ASSISTANCE

There is still time to apply for fuel assistance. You can apply once during the heating seasons that runs October 1, 2019 thru May 15, 2020.

NEW MEDICARE CARD SCAM

Medicare beneficiaries are reporting a new scam involving a call from "Medicare Insurance Company" stating that every Medicare beneficiary is getting a new plastic, chip-embedded card mailed to them and that they are calling everyone and verifying their number.

If someone asks you for your information, for money, or threatens to cancel your health benefits if you do not share your personal information, hang up and call Medicare at 1-800-633-4227. DO NOT GIVE ANY PERSONAL INFORMATION.



NATIONAL HEART MONTH

February

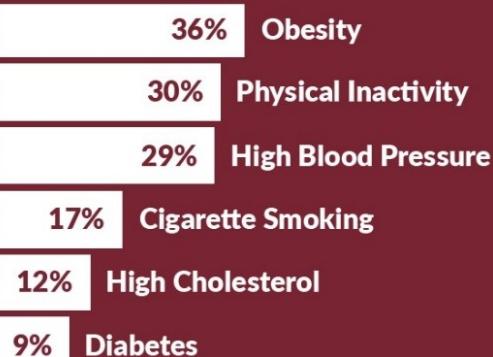
About 647,000 Americans die from heart disease each year – that's 1 in every 4 deaths.

How can we keep our heart healthy and

Unhealthy Behaviors:

- Smoking tobacco
- Eating foods high in fat, cholesterol, and sodium
- Lack of physical activity
- Excessive alcohol intake

Many Americans have risks for cardiovascular disease



Source: <http://millionhearts.hhs.gov/learn-prevent/risks.html>

Healthy Behaviors:

- Eat plenty of fresh fruits and vegetables and fewer processed foods
- Find recipes that are

14 foods to maximize your heart health

- | | |
|------------------------|-----------|
| Leafy Green Vegetables | Walnuts |
| Whole Grains | Olive Oil |
| Berries | Almonds |
| Fatty Fish & Fish Oil | Green Tea |
| Beans | Garlic |
| Tomatoes | Seeds |



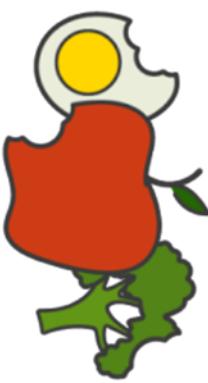
Taylor Meyer
Nutrition and Prevention Coordinator

For more information please visit:

<https://www.cdc.gov/nccdphp>

EAT RIGHT

The month of March is National Nutrition Month.



BITE by BITE

National Nutrition Month®
March 2020

 Academy of Nutrition
and Dietetics

"Good nutrition doesn't have to be restrictive or overwhelming. Small goals and changes can have a cumulative healthful effect, and every little bit (or bite!) of nutrition is a step in the right direction." (eatright.org)

Week Two: Plan your meals each week!

Plan your grocery list before going to the store.

Week Three: Learn skills to create tasty meals!

Write down 5 new nutritious foods you will try:

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
- Share and exchange meals with friends and family members.

Week Four: Consult a Registered Dietitian Nutritionist (RDN)!

Aging & Disability Resource Center
of Clark County
Taylor Meyer
Nutrition and Prevention Coordinator

- Ask your doctor for a referral to an RDN who specializes in your unique needs.
- Thrive through the transformative power of food and nutrition.

National Nutrition Month®



Mark your calendars and head on over to your local Nutrition Center for fun activities and a hot lunch!

March 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	Thorp Center: 12:15pm Nutrition BINGO	3	4	Greenwood Center: 10:15am Nutrition BINGO	5
8	9	Owen Center: 10:30am Nutrition BINGO	10	11	12	13
15	16	17	18	19	20	21
22	Colby Center: 12:00pm Nutrition BINGO	23	24	25	Neilsville Center: 10:45am Nutrition BINGO	26
29	30	Loyal Center: 11:30am Nutrition BINGO	31			27
						28

Please contact your nutrition center and reserve a spot for lunch by noon the prior day to ensure we have enough food to go around! All 60+ aged individuals are welcome, so bring a friend, neighbor, spouse, etc.!

Aging & Disability Resource Center By: Taylor Meyer,
of Clark County Nutrition Coordinator



NUTRITION MARCH

Celebrate National Nutrition Month with the Aging and Disability Resource Center of Clark County's Nutrition Program!

Join us for a hot, freshly prepared meal at one of our 8 Nutrition Centers around Clark County!

Please call 24 hours in advance to reserve or cancel a meal

Colby Nutrition Center

310 Lieders St.
Colby, WI 54421
(715)-223-4195
Serving Mon-Thurs
11:45am

Loyal Nutrition Center

500 N. Division St.
Loyal, WI 54446
(866)-743-5144
Serving Mon-Fri 12:15pm

Greenwood Nutrition Center

312 N. Reese St.
Greenwood, WI 54437
(866)-743-5144
Serving Mon-Fri 12:15pm
BINGO Fri 11:30am

Neillsville Nutrition Center

602 Oak St.
Neillsville, WI 54456
(715)-743-3177
Serving Mon-Fri 11:30am
Sheep head Wed 1-4 pm
BINGO Fri 1-3 pm

Owen Nutrition Center

112 E. 5TH St.
Owen, WI 54460
(715)-229-4567
Serving Mon-Fri 11:30am
*Available to seniors for
planned
activities, call to schedule*

Thorp Nutrition Center

116 N Washington St
Thorp, WI 54771
(715)-669-5566
Serving Mon-Fri 11:45am

Suggested Meal Donation is \$4.00



National Blueberry Popover Day-

March 10th

Ingrediants:

- 1 cup milk
- 2 large eggs
- 1 cup all-purpose flour
- 1/4 tsp salt
- Zest from 1 lemon
- Juice from 1 lemon
- 1/2 cup frozen blueberries

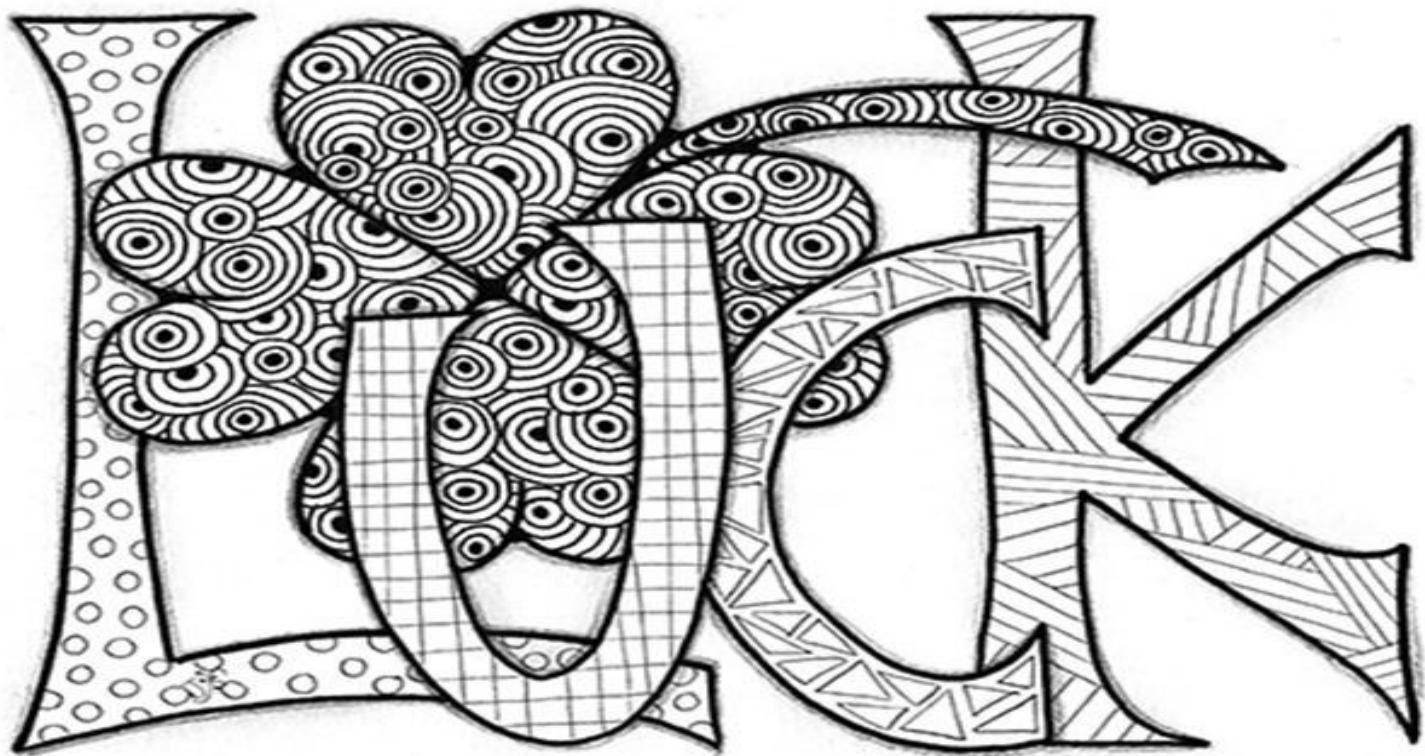


Instructions:

1. Preheat oven 450°F. In a large bowl, add the milk, eggs, and 1 tbsp. melted unsalted butter with a whisk until combined. Add flour, salt, zest and juice, whisking until slightly frothy.
2. Place the popover tin in the oven for a couple of minutes to warm. After removing from the oven,, pour remaining 1 tbsp. of melted unsalted butter evenly among the 6 popover cups. Then fill up each cup halfway with the batter. Top each cup evenly with blueberries.
3. Bake popovers for 15 mins at 450°F and then reduce heat to 350°F and bake another 15 mins, or until well browned. (Very important not to open the oven while baking or your popovers will deflate)
4. Turn popovers onto a rack and slit with a knife to let steam escape. Serve immediately.



**Check Your
Batteries**



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Find the words below that are bolded and capitalized. Which is your favorite holiday/observance February?

- AMERICAN HEART Month
- BLACK HISTORY Month
- National Stop BULLYING Day (Feb. 9)
- USO and World CANCER Day (Feb. 4)
- CHILDRENS AUTHOR and Illustrators Week (first week)
- CHOCOLATE MINT Day (Feb 19)
- Don't CRY Over Spilled Milk Day (Feb. 11)
- DARWIN Day (Feb 12)
- National Children's DENTAL HEALTH month
- National ENGINEERS Week (third week)
- Tell a FAIRY TALE Day (Feb 26)

- National FREEDOM (from slavery) Day (Feb. 1)
- Make a FRIEND Day (Feb. 11)
- Do a GROUCH a Favor Day (Feb 16)
- GROUNDHOG Day (Feb. 2)
- Congenital HEART DEFECT Awareness Week (second week)
- JELLO Week (second full week)
- KITE Flying Day (Feb 8)
- LIBRARY Lovers Month
- LINCOLN'S Birthday (Feb. 12)
- World MARRIAGE Day (Feb 10)
- National ORGAN DONOR Day (Feb 14)
- National Love Your PET Day (Feb 20)
- PRESIDENTS Day (Third Monday of February)
- World RADIO Day (Feb 13)
- RANDOM ACTS OF KINDNESS Week (second week)
- RARE DISEASE Day (Last day of February)
- READ in the Bathtub Day (Feb. 9)
- National SCHOOL COUNSELING Week (first week)
- National Eating Disorder SCREENING Week (fourth week)
- International SNOW SCULPTING Week (first week)
- Teen Dating VIOLENCE Awareness Month
- WASHINGTON'S Birthday (Feb 22)
- National WEATHERMAN'S Day (Feb. 5)
- National YOUTH LEADERSHIP Month



Area Support Groups

Clark County & Surrounding Area



Neillsville Family Caregiver Support Group Meeting

Third Wednesday of the month, 9:30 a.m.
Neillsville Senior Center, 602 Oak St.

March 18, 2020

ALS Support Group

Second Thursday of each month
Chippewa Valley Bible Church
513 E South Ave., Chippewa Falls
Call (715) 271-7257 for more information

Parkinson's Support Group

Third Thursday of each month, 1:00pm
Marshfield Area Respite Care Center
205 E 3rd St. Marshfield, WI
Call (715) 384-8478 for more information

March 19, 2020

Gentle Yoga/ Tai Chi Class- Dorchester

Every Wednesday, 10:10am
Dorchester Library
155 N. 2nd St.
\$4.00 donation requested

Diabetic Support Group

Second Thursday of each month, 10-11:30 am
Marshfield Medical Center- Neillsville
216 Sunset Place

March 12, 2020

Memory Café- Thorp

Third Thursday of each month, 1-3:30pm
Morgan Plaza, 113 E Lawrence St.
Thorp, WI

March 19, 2020

Sun Catchers Memory Café

Third Thursday of each month, 10-11:30 am
United Church of Christ- Lower Level
515 W 2nd St., Neillsville, WI

March 19, 2020

Gentle Yoga/ Tai Chi Class- Colby

Every Tuesday, 1:30-2:30pm

Advanced Floor Yoga/ Tai Chi

Every Tuesday, 2:45pm
Colby City Hall-former library room

\$4.00 donation requested

*Please bring a mat or rug for floor if able.

**** Yoga and Tai Chi classes provide gentle stretching (either standing or with chair), breathing, balance, and relaxation exercises. All are welcome!**



ADRC Newsletter Online:

<http://www.co.clark.wi.us/index.aspx?NID=767>

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715-743-5145

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Lynn Crothers

715-743-5144

ADRC Program Assistant

Amanda Erickson

715-743-5166

Nutrition & Prevention Coordinator

Taylor Meyer

715-743-5288

Elder Benefit Specialist

Terri Esselman

715-743-5146

Disability Benefit Specialist

Julie Milz

715-743-5218

I&A Specialist

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715-743-5286

I&A Specialist

Tara Halopka

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I&A Northern Office

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ADRC Local Number

715-743-5166

ADRC Fax Number

715-743-5240

ADRC Email Address

clarkadrc@co.clark.wi.us

Mailing Address

ADRC of Clark County

517 Court Street

Room 201

Neillsville, WI 54456

Senior Citizen Meetings

Dorchester March 12

Granton March 12

Loyal March 2

Neillsville March 23

Thorp March 2