

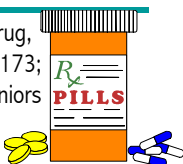


Health Care Alert

A QUARTERLY PUBLICATION PROVIDING TIPS FOR INDIVIDUALS WITH MENTAL RETARDATION AND THEIR SUPPORT TEAMS IN ACCESSING HEALTH CARE THROUGH THE MANAGED CARE SYSTEM

The New Medicare Drug Coverage (Medicare Part D)

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173; MMA) was signed in law. The legislation provides seniors and individuals with disabilities with a prescription drug benefit.



The most important change is shifting the coverage of medications for "dual eligibles" (e.g. individuals who are eligible for both Medicare and Medicaid) from Medicaid to Medicare under the Medicare Part D prescription drug benefit.

As of January 1, 2006, dual eligibles will obtain their prescription drug coverage through the new Medicare Part D of the program; Medicaid will no longer provide drug coverage for these individuals. How this process of transition will take place has yet to be resolved.

The MMA does offer an individual the opportunity to obtain drug coverage before January of 2006 through the drug discount card program, however, an individual with Medicaid prescription drug coverage, including coverage by a HealthChoices HMO, are not eligible to participate.

PCHC will try and keep the community informed as to what is happening regarding this new legislation.

If you have any questions, call PCHC and ask to speak with a Health Care Technical Specialist.

Source:

National Association of State Directors for Developmental Disabilities Services, NASDDDS, (2004). Unraveling the Mysteries of Federal Policy: Understanding the New Medicare Drug Coverage Law. (www.nasddds.org)

DYSPHAGIA ALERT!!!

May is.....

"Better Speech and Hearing Month"

As a reminder of the life-threatening issues accompanied with dysphagia and as a follow-up to the Summit held in 2004, the SE Regional Dysphagia Summit Task Force Committee will be distributing informational packets.

These packets will contain a multitude of resource material regarding diet description, safe mealtime reminders, and sites to find cookbooks, recipes, articles, and support groups.

The packets will be widely distributed to residential provider agencies and supports coordinators across the SE region. Be sure to be watching for the blue folder.

All About Bruises



A bruise, which may also be called a contusion, is a raised, discolored area caused by damage or breakage of blood vessels which occurs following injury to the site. Though most people think of bruising as occurring on the skin, bruises may also occur within muscle tissue or on bone. Age is a strong factor in determining the extent of bruising.

The older someone is, the more likely they are to suffer extensive bruising following even a minor injury.

The use of certain medications which may increase bruising include:

- Non steroidal anti-inflammatories such as Aleve, Advil, or Nuprin
- Aspirin
- Coumadin (Warfarin)
- Prednisone

Certain medical conditions may also increase the extent of bruising, including:

- Autoimmune disorders (i.e. lupus)
- Clotting disorders (i.e. hemophilia)
- Leukemia
- Liver disease
- Lymphomas
- Severe infections
- Certain vitamin deficiencies such as K or B12

Initially, the main symptoms of a bruise include pain, swelling, and red skin discoloration. The color of a bruise then changes, healing in a fairly predictable pattern.

- By 1-2 days, the area will be bluish-purple
- By day 6, the area will be greenish
- By 8-9 days, the area will be brownish-yellow

For bruise first aid:

- Place a cloth wrapped ice pack on the injury for a maximum of 15 minutes per hour for the first 24 hours.
- Try to keep the bruised area above the level of your heart.
- After the first day, warm compresses may speed healing.
- Try to rest the bruised area.
- Tylenol may be used for pain.

Call your doctor immediately if you experience any of the following:

- The bruise becomes larger, firm, or more tender.
- Frequent bruising with no apparent injury.
- A feeling of extreme pressure in the bruised area. This may be caused by a condition called compartment syndrome, which is a medical emergency.

For more information contact Pat Abbott, RN at PCHC. (Source on back)

The information presented to you is to increase your awareness of health conditions. It is not intended to replace medical advice. Please seek the advice of a physician for any health related concerns.

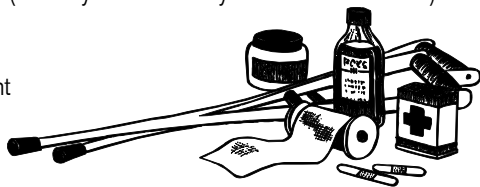
Anatomy of a First Aid Kit

A well-stocked first aid kit is a handy thing to have. To be prepared for emergencies, keep a first aid kit in your home and in your automobile. Find out the location of the first aid kit where you work.

First aid kits come in many shapes and sizes. You can buy one from a drug store, your local American Red Cross chapter may sell them, or you can make your own kit. Whether you buy a first aid kit or put one together, make sure it has all the items you may need. Include any personal items, such as medications and emergency phone numbers, or other items your physician may suggest. Check the kit regularly. Make sure the flashlight batteries work. Check expiration dates and replace any used or out-of-date contents. Store your first aid kit in a secure place.

Here are suggestions for the contents of a first aid kit:

- Activated Charcoal (use only if instructed by Poison Control Center)
- Adhesive Tape
- Antiseptic Ointment
- Blanket



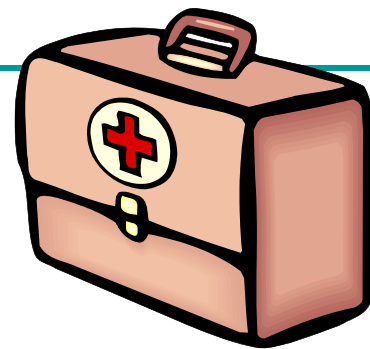
Falls

Falls can be a major cause of injury as people age. Bruises and fractures take longer to heal as one ages. To guard against falls:

- 4 Make sure the home is well lit.
- 4 Tack down rugs and carpets.
- 4 Keep stairways and passages clear.
- 4 Do not store things higher than eye level.
- 4 Keep a small light on at night to avoid accidents.
- 4 Install hand-grips around tubs, showers, and beds as needed.
- 4 Provide mobility assistance and support as needed.

For more information, contact a PCHC HCTA.

[Bruise article Source: www.healthopedia.com](http://www.healthopedia.com), www.health.allrefer.com,
www.nlm.nih.gov, www.medicinenet.com, www.ohiohealth.com



- Band-Aids (assorted sizes)
- Cold Pack
- Disposable Gloves
- Gauze Pads and Roller Gauze (assorted sizes)
- Hand Cleaner
- Plastic Bags
- Scissors and Tweezers
- Small Flashlight and Extra Batteries
- Triangular Bandage

Source:
Copyright 2004 The American National Red Cross



Fun in the Sun!

But not with some medications

Many medications including some prescribed for seizure control, can cause increased sensitivity to sunlight known as “photosensitivity.”

Even if a person doesn’t usually sunburn, taking medications that cause photosensitivity can increase that risk.

The pharmacist or health care provider can give advice about photosensitivity risks and can recommend sunscreen with the right SPF (sun protection factor) for each skin type.

It is recommended that people who are photosensitive wear protective clothing (e.g. long sleeves, long pants, a hat, etc.) for added protection.



Psychotropic medications may reduce the body’s ability to respond to temperature changes. Always watch for signs of weakness and dizziness during the summer months.

** (Source: TheSafetyNet, Vol. 6, Summer, 2003)



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