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In this issue: Music Therapy, Section 8 Housing, Medicare Open Enrollment, AACM News

AACM and You: Finding the Right Plan

Open Season for Medicare beneficiaries to review their plans for Medicare Advantage or Part D begins October 15th. Each year during this period, we encourage our clients and their family members to review their current Part D and Advantage Plans. Not only do plans change, but needs continue to change as well. It is important to compare current coverage to other available plans.

Take advantage of this open season by alerting friends, family members and clients to do a comprehensive review of their coverage. Where possible, use a third party service such as the [Medicare website](#) or an independent insurance agent who is knowledgeable about these products. Of course, AACM is available to assist you as well.

If you need assistance in reviewing your plan or have clients/family members who need this assistance, our firm has a service offering designed to do just that. The charge is \$200 for an individual and \$300 for a couple. We are nearly always able to realize a net savings for our clients. The person who needs the review can live outside of our service areas. Open enrollment ends December 7.

Music Therapy

And it came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him. - 1 Samuel 16:23

Meet Henry Dyer. Henry suffers from dementia. For the past 10 years, he's been living in a nursing home. The progression of his disease has caused him to become increasingly isolated from the outside world. When his daughter comes to visit, he cannot remember her name. Because of his difficulties with vocalization, most of his responses are brief one or two word replies.



His demeanor could be described as inert, possibly depressed, unresponsive and almost unalive. On the outside, he bears little resemblance to the man so fondly remembered by his children - the lifelong lover of music who never missed an opportunity to inject music into daily life, going so far as to break into an impromptu rendition of *Singing in the Rain* while walking down the street, his children twirling and swinging around lampposts for their part. There is a strong bond between music and memory, and the intersection of the two often forges life's most treasured moments: A mother's first lullaby, a couple's wedding song, music that transport you back to your youth or to a particularly pleasant moment in time.

It is the unique link between music and memory that facilitates the work of the aptly named non-profit Music & Memory. The mission of [Music & Memory](#) is to improve quality of life for the elderly and infirm by bringing personalized music into their lives through digital music technology. Music & Memory distributes new and recycled digital music players – such as iPods – to family members, staff members and caregivers involved in the care of the elderly. They then provide training on how to develop a personalized music library for each individual. Henry is their most famous success story. A YouTube excerpt from their documentary *Alive Inside: A Story of Music & Memory* went viral, registering over 10 million views worldwide to date. [The clip](#) – which highlights Henry's story – shows his remarkable transformation upon hearing music from his youth. As soon as he puts on his headphones, his eyes widen, his face lights up with expression, his arms raise and move with the beat, and his voice hums along with the melody.

The music functions as a link connecting his past to the present, rekindling a sense of identity and releasing a flood of happy memories and emotions. Astoundingly, after a brief listening session, Henry is able to vocalize his thoughts and feelings in a manner those around him never thought would be possible again:

It gives me the feeling of love, romance, because right now the world needs to come into music, singing. You've got beautiful music here. Beautiful, oh, lovely. And I feel a band of love, dream. – Henry Dryer

We first heard about Henry's story through Candyce Slusher, Administrator at Caring Companions of San Antonio. Candyce is helping to bring the Music & Memory project to San Antonio.



Background

Stories like Henry's underscore the tremendous power of music. Hippocrates, widely regarded as the father of western medicine, is said to have played music for mental patients as early as 400 BC. Plato believed music has the power to shape our emotions and define our character, and Aristotle observed that "music directly imitates the passions or states of the soul...when one listens to music that imitates a certain passion, he becomes imbued with the same passion." That music has tremendous power is not a revelation; philosophers, historians, physicians and many others have been writing about it for millennia. The concerted effort to study the effects of music on the listener, to understand the biological processes involved in engaging with music, and to focus this power on achieving therapeutic outcomes for patients is, however, quite revolutionary.

Modern music therapy differs from these anecdotal examples in that it is an evidence-based health profession with a strong research foundation. It is typically performed in conjunction with broader clinical disciplines such as rehabilitation and psychotherapy. Music therapy as a mainstream clinical practice is a relatively young field. The first undergraduate and graduate programs in the world were established in 1944 at Michigan State University and the University of Kansas, respectively.

Common Music Therapy Patients:

- ♥ *Alzheimer's/dementia*
- ♥ *Stroke recovery*
- ♥ *Parkinson's*
- ♥ *Depression*
- ♥ *Various speech disorders*
- ♥ *Developmental disorders in children*
- ♥ *Mood disorders in adolescents*
- ♥ *Coping, stress management and PTSD in military personnel*
- ♥ *Chronic pain management*

Music therapists must hold a bachelor's degree (or higher) in music therapy from one of 72 approved institutions and complete 1200 hours of clinical training. They are credentialed by the Certification Board for Music Therapists. When referred by a physician, physical therapist, psychologist or other medical professional, music therapy services are often reimbursable by Medicare, Medicaid and private insurance plans. An individual may also choose to self-refer.

Clinical music therapy draws its research base from a diverse set of scientific disciplines, including many fields you've probably never heard of such as neuromusicology (study of the brain areas and cognitive processes involved in music processing) and psychoacoustics (study of the psychological and physiological responses associated with sound).

Applications

As we saw with Henry, music has a powerful ability to stimulate movement in people affected by dementia. It now seems evident that certain elements of music, such as rhythm and cadence, can actually help improve outcomes for patients suffering from movement disorders. Physical therapy targeting gait

improvement is a common therapeutic treatment for stroke patients. A variation of traditional gait therapy called musical motor feedback (MMF) uses music to stimulate the auditory cortex. One study reported that patients utilizing MMF showed significant gait improvements versus patients utilizing traditional gait therapy only.ⁱ Even more interestingly, a fixed memory of the music and its rhythm and cadence appeared to improve gait even after the external musical stimulus had been removed. This is possible because music literally rewires our brains, and music's ability to do just that is what allows music therapy to be such a powerful tool.

For an easily understood example of this principle in action, you need only consider that song you currently have stuck in your head. For more rigorous, evidence-based examples of this principle in action, consider that a growing body of research suggests that lifelong music training may offset age-related cognitive declines. A 2013 study published in *The Journal of Neuroscience* found that a moderate amount of music training early in life was associated with faster neural response to human speech later in life. The effect was present *even after training had ceased for 40 years or more.*ⁱⁱ Even in older adults who have received no musical training, short-term computer training has been shown to partially reverse age-related delays in neural timing.ⁱⁱⁱ

Listening to music has been shown in repeated studies to significantly decrease levels of cortisol, the so-called "stress hormone." This is undoubtedly one of the reasons that music has come to be associated with relaxation. And while anybody can enjoy the cortisol-reducing effects of music, the physiological and psychological effects of this phenomenon turn out to be especially beneficial for persons suffering from Alzheimer's and related dementias. Music therapy is often used to shift mood, manage stress-induced agitation, stimulate positive interactions and facilitate cognitive function in dementia patients. Listening to music has also been shown to shift brain activity from the right frontal lobe to the left frontal lobe, a pattern that is linked to positive affect and mood.

Positive Effects for Alzheimer's & Dementia Patients

- Shift mood
- Manage stress-induced agitation
- Stimulate positive interactions
- Facilitate cognitive function
- Coordinate motor movements

AACM would like to share its gratitude for Hope Young and the [Center for Music Therapy](#) for all of the wonderful work they have done with our clients.

Perspectives on Dementia & Music Therapy

[Source: American Music Therapy Association \(AMTA\)](#)

The wife of a man with severe dementia said, "When I was encouraged by a music therapist to sing to my husband who had been lost in the fog of Alzheimer's disease for so many years, he looked at me and seemed to recognize me. On the last day of his life, he opened his eyes and looked into mine when I sang his favorite hymn. I'll always treasure that last moment we shared together. Music therapy gave me that memory, the gift I will never forget."

When a couple danced together for the first time after five years of the husband's deterioration from probable Alzheimer's disease, the wife said: "Thank you for helping us dance. It's the first time in three years that my husband held me in his arms." Tearfully, she said that she had missed him just holding her and that music therapy had made that possible.

The preceding accounts and research highlights are not meant to be an exhaustive list of all the potential benefits of music therapy. For more information, we suggest visiting the website of the [American Music Therapy Association](#). Professional music therapists draw a distinction between the evidence-based practice of music therapy in a clinical setting and non-clinical (but still beneficial) music-focused activities, such as Henry's experience with Music & Memory project. In either setting, it is clear that music can be a viable therapeutic tool and one that doesn't carry the same risks as other invasive medical interventions.

i. Schauer M and Mauritz K. "Musical motor feedback (MMF) in walking hemiparetic stroke patients: Randomized trials of gait improvement." *Clinical Rehabilitation*. July 2003. 17(7): 713-722

ii. White-Schwoch T, Woodruff Carr K, Anderson S, Strait DL, Kraus N. "Older Adults Benefit from Music Training Early in Life: Biological Evidence for Long-Term Training-Driven Plasticity." *The Journal of Neuroscience*, November 6, 2013. 33(45): 17667

iii. Anderson S, White-Schwoch T, Parbery-Clark A, Kraus N. "Reversal of age-related neural timing delays with training." *Proc. Natl. Acad. Sci.* 110:4357-4362

Section 8 Waitlist Opening

For the first time since 2006, the Housing Authority of the City of Austin (HACA) will open the Waiting List for Section 8, also known as the Housing Choice Voucher Program. HACA will accept pre-applications **online only** from 12:00am October 22, 2014 through 11:59pm on October 29, 2014. Pre-applications can be submitted at: <https://Austin.Apply4Housing.com>



Due to the anticipation of a large number of pre-applications, HACA will conduct a lottery to select 2,500 pre-applications for the Waiting List. Because of the lottery process, it does not matter whether you apply on the first day or the last day of the pre-application period. You will have an equal chance in the lottery regardless of the time or date you apply, as long as it falls within the Waiting List pre-application period from October 22-29, 2014.

Applicants can apply from anywhere with Internet access - from a home computer, laptop, smart phone or tablet. If you do not have Internet access at home, you can go to one of the [community partner sites](#) to apply. If you need additional assistance due to a disability, you can call 1-888-262-3949 for assistance.

Medicare Open Enrollment

Open enrollment for Medicare Part D and Medicare Advantage plans occurs every year from **October 15 to December 7**. This is the annual opportunity for Medicare subscribers to make changes to their coverage. An individual may choose to join a Medicare Advantage plan for the first time or switch to a new plan, or she may choose to return to original Medicare with or without a stand-alone prescription drug plan (PDP). If you enroll in a plan during this period, your coverage will begin on January 1, 2015. It is important to remember that, in most cases, **this is the only time you can pick a new Medicare Part D or Medicare Advantage plan.**

The Medicare Advantage Disenrollment Period (MADP) runs from January 1 to February 14 each year. The purpose of the MADP is to provide an opportunity for individuals who are dissatisfied with their Medicare Advantage plan to disenroll from that plan and join Original Medicare. Please note that an individual CANNOT choose a new Medicare Advantage or Part D plan during this time period, under normal circumstances.

The open enrollment period for Marketplace health coverage (Affordable Care Act) is November 15, 2014 – February 15, 2015. Even though this period happens to overlap some with the Fall Open Enrollment period for Medicare, individuals with Medicare should not use this open enrollment to make any changes to their health insurance. **The exchanges are not intended for those with Medicare.** To review and change policies, these individuals should continue to use the Fall Open Enrollment period - which has not changed.

Even if you are satisfied with your current coverage, it is important to review your policy for any pending changes. Every plan provides an Annual Notice of Change (ANOC) that explains any changes to pharmacy/provider networks, any changes to the plan structure and associated costs, and any changes to the cost and covered drugs in the plan's formulary. You can use the [Plan Finder](#) utility on the Medicare website to explore Part D plans available in your area. Of course, AACM is available to help you assess your options and select the optimal plan for your situation (our service offering is outlined on page 1 of this newsletter). Small differences among PDPs can yield either massive expenses or massive savings. In a recent open enrollment period, AACM helped a client to achieve a savings of about \$3,000 annually. We were able to identify one medication that was not covered under her current plan but was included in a different one. *The inclusion of that single medication netted our client a cost savings of about \$300/month.*

MS Ambassador Program



As some of you might know, AACM's Mick Koffend has a long-standing commitment to finding a cure for multiple sclerosis (MS) and having a world without anyone living with MS. To this end, he has been a fundraiser (and participant) for several years for the [BP MS 150](#), the annual bike ride between Houston and Austin. He is also on the Superstar/Top Fundraiser Committee for the Lone Star Chapter of the [National MS Society](#) and is the Chairman of the Fundraising Coordinator Committee in Austin. To continue his pursuit of having a world without MS, Mick recently completed a training program by the National MS Society and has become a MS Ambassador.

[MS Ambassadors](#) can provide education about MS and information about the research, services and programs available to those who live with MS. Please be on the lookout for the opportunity for a MS Ambassador, Mick or others, to deliver education and information to your group, club, church, Sunday school class, civic or service organization, etc. Feel free to contact Mick at 512.342.9800 for details and guidance.



Keep your eyes peeled. We will be unveiling our new website design in the coming days!

Because referrals are the lifeblood of our business, the best way you can thank us, as a satisfied client, is by referring a friend, neighbor or colleague to us! We appreciate all your referrals.

Accountable Aging Care Management Team

Mary Koffend, President
Mick Koffend, Director of Services
Jenny Aurelius, Bill-Paying Coordinator
Spencer Brown, MSG, LNFA, CMC, Care Manager
Mary Cooper, BS, RN, Care Manager
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Lessa Ennis, Office Manager
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Accountable Aging Care Management is an eldercare consulting and care management firm.

Accountable Aging is a single source for older adults and their families to attain knowledge, resources and on-going assistance with the challenges related to aging or caring for an elder loved one. We serve older adults in Austin, Bryan/College Station, Dallas, San Antonio and the surrounding areas.

With this newsletter, our aim is to provide a trusted conduit for eldercare information and resources and to highlight the services we offer that meet the needs of older adults and their families.

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