



SOUTH SHORE SENIOR News

For Boomers and Beyond

PRICELESS

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'Leaping for Joy' as 2024 Ushers in the Leap Year



By Marie Fricker

The COVID-ridden year of 2020 was dismal with its shut-downs and restrictions on gatherings of friends and relatives.

But the new leap year of 2024 has arrived to make babies born on February 29 leap for joy. Their actual birth date only appears on the calendar every four years.

"I'm so excited to be able to celebrate my

birthday this year on its true date," said Gary Macintire, 40, of Boston. "For the last three years, I have had to celebrate on February 28 or March 1. I've only had 10 'real' birthdays in my lifetime. I don't know if that makes me a kid or an adult, but it's a good excuse for acting immature."

The chance of a person being born on February 29 in a leap year is just one in 1,461. Only 205,000 people in the U.S. have entered the world on this elusive day.

One of the more famous leap year babies

(nicknamed "leaplings" or "leapers") is guru Tony Robbins, who was born on February 29, 1960. One might say that Robbins was only six years old when he published his first book, "Unlimited Power," or that rapper Ja Rule, another leap year baby, released his debut album at age 5. Of course, neither one of these celebrities were child prodigies. They actually observed these landmark achievements in their mid-20s.

Other well-known celebrity leaplings were singer Dinah Shore, who was born on February

Cover Story continued on page 9



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Four benefits of home health care for your beloved senior

By Maria Burke, RN
Owner - Celtic Angels Home Health Care



Are you considering home health care for the beloved senior in your life? It's a big decision! And it's natural to have worries. You may wonder, for instance, if your senior loved one would be better off in an assisted living facility or a nursing home. Or you may feel guilty at the thought of hiring home health care instead of doing 100% of the care yourself.

These are both common concerns. But the reality is, in-home health care offers a variety of advantages. Here are four benefits of in-home health care for your beloved senior:

1. A familiar environment

Perhaps the biggest advantage in-home health care offers your beloved senior is the ability to remain in a familiar environment. Most of us would prefer to continue living in our own homes or with friends or family rather than moving to a new living situation, whether it's an assisted living facility or a nursing home, as we age. Your beloved senior likely feels the same way.

Home health care provides your family with the assistance you need to allow your beloved senior to age in place. Whether your senior loved one requires skilled nursing, assistance with dressing and bathing, or companionship and transportation, in-home health care can meet all those needs and more.

2. Maintaining connections

Loneliness is one of the greatest risks seniors face, and it's linked to myriad health problems. For example, loneliness has been linked to a higher risk of heart disease, stroke, depression, and even premature death. It's a serious concern for seniors and their loved ones.

Fortunately, in-home health care helps your beloved senior maintain connections. Continuing to live in their own home or living environment helps keep family ties intact. And because certified nursing assistants and home health aides can provide transportation, it's easier to maintain connections with friends, too. Plus, your beloved senior will likely develop a good relationship with his or her care partners.

3. Less exposure to communicable diseases

We all learned how tragically vulnerable nursing home residents are to communicable diseases during the COVID19 pandemic. Sadly, nursing home residents accounted for approximately 21% of all deaths in the early years of the pandemic. And nursing home residents continue to be vulnerable to a variety of communicable diseases.

In contrast, seniors who age in place and receive home health care typically aren't exposed to as many communicable diseases simply because their living conditions aren't as crowded. While seniors living at home may still be exposed to communicable diseases through family or community members, they typically have less exposure than seniors living in a communal setting.

4. Personal attention

Caring for aging seniors is a big job. And no matter how dedicated family members are, they often have other obligations, like work, school,

or caring for their own children. Home health care professionals give your beloved senior the personal attention they need while also giving family members a break from the pressures of full-time caregiving.

That's important because seniors often need round-the-clock care. Trying to do all that care yourself may prove to be too much and could strain your relationship with your beloved senior. And seniors, in turn, don't want to feel like they are burdening their family. Home health care is a positive solution to these problems.

Would you like to learn more about the benefits of home health care for your beloved senior? Read about the services we provide at <https://celticangelsinc.com/what-we-do>, or schedule an appointment on the site to meet us in the comfort of your own home. You can always call us at 781-331-0062 or 781-662-8700, or visit us at www.celticangelsinc.com.

Celtic Angels Home Health Care is a privately owned Home Health Care Agency that was founded by Maria Burke, a Registered Nurse, who has worked in the home health care field for the majority of her career. Celtic Angels Home Health Care specializes in providing the highest level of personalized home health care services for seniors and those requiring in-home support. Our team is dedicated to providing the customized program that will enable clients to reach their maximum level of health, comfort and function while remaining in their homes or residences. The organization's driving philosophy is to offer care that has been tailored to each client's unique situation and to maintain a progressive and insightful approach in order to meet the health needs of their patients. For more information about our services, please visit www.celticangelsinc.com or call 781-331-0062. ∞



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Retirement Dreams – or Nightmares

Don't be shy. Tell us what you'd like to know!



By Steven V. Dubin

What do you want to learn about?

I am helping the South Shore Senior News to develop free, educational/informational workshops.

These programs will be held at Councils on Aging throughout the

South Shore.

Please let me know what topics you would like to have addressed in an objective, informational manner.

Here are some of the key subjects we've come up with. Please check mark those that you are interested in, or add some new ideas to the mix.

Potential topics may include -

- _____ Sell it or Stay – Exploring moving on or remodeling
- _____ Downsizing – How to remove clutter and right-size

- _____ Alzheimer's and managing money
- _____ Preparing for the next chapter – Having your documents in order
- _____ Silver divorce – Options and next steps
- _____ Aging in place – Keeping it safe and sane
- Other ideas?

I look forward to developing programs that inspire and entertain. Please email your noted preferences to SDubin@PRWorkZone.com or mail to Steven V. Dubin, PR Works, 18 Main Street Extension, Suite 409, Plymouth, MA 02360.

If you know of a senior who is doing something interesting with their retirement, I look forward to hearing from you! Please email me at SDubin@PRWorkZone.com

About the Author: *Steven V. Dubin is the founder of PR Works, a lightly used Public Relations firm based in Plymouth, MA which helps small to mid-sized nonprofit organizations and for-profit companies navigate the overwhelming options of advertising. Steve lives in Plymouth with his wife Wendy. He is a contributing author to "Get Slightly Famous" and "Tricks of the Trade," the complete guide to succeeding in the advice business. He recently authored "PR 101," an E-book. ∞*



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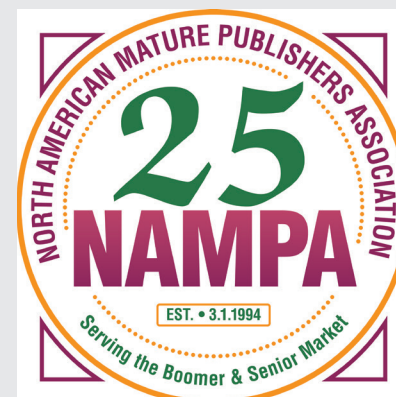
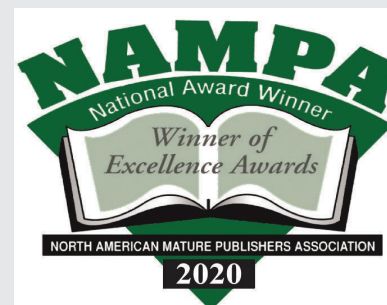
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The Publishers also produce a podcast entitled "My Generation," which covers a wide range of topics of interest to seniors, from dating to downsizing and everything in between. The podcasts air on the 1st and 15th of every month and audio archives can be found at SouthShoreSenior.com and Spotify.

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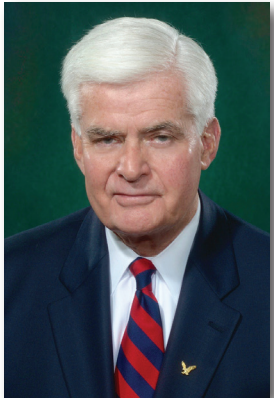
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HOME EQUITY WEALTH MANAGEMENT

How to benefit from rising home prices – without selling

Eligible homeowners may have access to more cash and/or a growing line of credit with a reverse mortgage



By George A. Downey

The federally insured reverse mortgage

Historically, reverse mortgages have been surrounded by negativity with phrases like “last resort” and “bad choice.” This is unfortunate, because this stance may be inaccurate and is driven by misconceptions and misunderstandings.

However, when properly understood, they are a unique and versatile resource providing eligible homeowners (one must be 62 or older) the ability to convert a portion of home equity to cash without selling, taking on unwanted mortgage payments, and more.

The primary reverse mortgage program is the federally insured Home Equity Conversion Mortgage (HECM). Recently, the Housing and Urban Development’s Federal Housing Administration (FHA) increased the 2024 lending limit for HECM reverse mortgages to \$1,149,825¹.

Why it matters

Simply stated, to improve cash flow and liquidity (access to cash when needed) for eligible homeowners. Higher lending limits provide the opportunity of increased funding for higher valued properties.

According to the S&P/Case-Shiller U.S. National Home Price Index, home prices increased by a whopping 46% over the past three plus years – unprecedented and unsustainable.²

While future home prices are uncertain, HECM federal insurance may help lock in the current value of loan terms and funding, potential-

ly protecting borrowers from future disruptions.

How they work.³

- Optional monthly payments. Voluntary payments are permitted but not required.
- Credit line growth. The undrawn balance grows (compounding monthly) at the same rate charged on funds borrowed, providing more funds for future needs.
- No maturity date. Repayment not required until no borrower resides in the property.
- Non-recourse loan. No personal liability for borrowers or heirs.
- Repayment can never exceed property value at the time of repayment. 100% of surplus goes to owners or heirs; any deficiency is covered by FHA insurance.
- Unlike traditional HELOCs, terms cannot be frozen or cancelled if the loan is in good standing.
- Borrower obligations (to keep loan in good standing) are limited to:
 - Keeping real estate taxes, homeowner’s insurance, and property charges current
 - Providing basic home maintenance
 - Continuing occupancy as primary residence.

Who should consider a reverse mortgage?

Every homeowner approaching or in retirement should understand their potential, and determine if a HECM reverse mortgage might be a good fit for their needs and circumstances.

Reverse mortgages are not suitable for everyone. However, if it is, a reverse mortgage could be a significant resource for financial and retirement planning.

Education is key – learn everything: 1. The pros, cons, costs, and how they work; 2. The truth about misconceptions; and 3. Determine

your eligibility and suitability. If it appears to work for you, know why. If not, why not?

To learn more:

Contact the author with questions or a private consultation.

Eligibility requirements apply. HECM Counseling is required. Subject to credit and income approval. You must occupy the residence as your primary home. You must continue to pay for property taxes, insurance payments, homeowners’ association fee, home maintenance costs, and other fees as required. You must have significant cash available for the down payment. The balance of the loan grows over time and interest is charged on the balance. The loan becomes payable when the last borrower on eligible non-borrowing spouse passes away, sells the home, permanently moves out, defaults on taxes, insurance, or maintenance, or otherwise does not comply with the loan terms.

https://www.hud.gov/program_offices/housing/sfh/lender/origination/mortgage_limits


²<https://fred.stlouisfed.org/series/CSUSHPINSA>

³https://www.hud.gov/program_offices/housing/sfh/hecm/hecmhome

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SENIOR FITNESS

Train your core for better overall health

By Rita La Rosa Loud, B.S.



A well-balanced core fitness program should begin with strength (resistance) training for numerous reasons. But let's review the muscles that make up one's core. The core musculature

is not just your trunk, but your lower back (erector spinae), hips (pelvic), buttocks (gluteal), and stomach (abdominal) muscles. A strong core can assist in maintaining good posture as you sit, stand, walk, or pretty much any activities you currently enjoy. These muscles stabilize the body so you can engage in physical activities without pain. In other words, strengthening your core can prevent back and neck pain resulting from weak muscles and poor posture.

Senior participants in our machine-based strength training classes are well prepared to integrate traditional core exercises that require appropriate strength and coordination. For example, core exercises like bridges, sit-ups, Swiss

ball, pushups, and planks cohesively engage these groups of muscles. Hence, initially performing strength exercises help to avoid injury. Additionally, resistance training combined with core exercises increases general overall health.

Build a strong core foundation

Step one to building a strong core is to strength-train all your major muscle groups of both the upper and lower body, which absolutely include the muscles mentioned above. For example, machine-based exercises such as the hip abductor/adductor strengthen the (pelvic) hip, and buttock (gluteal), the low back extension strengthens the erector spinae (low back), and the abdominal curl strengthens the stomach (abdominal) muscles. When these fundamental strengthening exercises are mastered by our seniors, then core stabilization exercises performed in a coordinated manner are safely and effectively incorporated to further stabilize and strengthen the underlying muscles of the core.

Pointers to develop your core

Under the expert guidance and supervision of nationally certified personal trainers:

- Join a structured, comprehensive resistance

training program consisting of stretching, cardiovascular, functional movement, and balance exercises, all of which help relieve pain, improve strength, endurance, flexibility, posture, and your core.

- When performing strength training on machine-based equipment (leg extension, leg curl, leg press, abdominal curl, rotary torso, low back extension, chest press, compound row, shoulder press, lat pulldown, biceps curl, triceps extension), use proper body mechanics and alignment required for optimal results. Do each exercise using slow, controlled movement speeds through a full pain-free range of movement. Keep eyes forward, shoulders relaxed, and abdominals contracted. Perform one set of 8 to 12 repetitions to temporary muscle fatigue, and increase weight load by five percent once the final repetition is completed in good form.

- When performing traditional core exercises using your own body weight, proper form and technique is equally important to receive maximum benefits. Execute core exercises with neutral back (maintain normal curve), hips in line with spine (keep hips from sinking toward floor), knees, shoulders, and abdominals tight (contracted), gaze forward with head, neck, and shoulders relaxed.

Build a strong core at Quincy College's Wayne Westcott, Ph.D. Center for Health, and Fitness strength, endurance, flexibility, and functional training, Presidents Place, 1250 Hancock St. Call 617-405-5978 to book a tour or try a class. Street parking and a parking garage are available.

About the Author: Rita La Rosa Loud holds a B.S. in Exercise Physiology with additional education in Sports Medicine and Athletic Training. She is NASM Certified and has been actively involved in the fitness industry for over 35 years. She is also an author and writes fitness-related articles for various publications. Currently, she is a fitness researcher and directs the COVID compliant, Wayne Westcott, Ph.D. Center for Health and Fitness at Quincy College. She can be reached at 617-405-5978 and is available for speaking engagements. ∞

MY GENERATION

TUNE IN!
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South Shore Senior News introduces a new podcast entitled "My Generation!"

Healthy aging, nostalgia and retirement insights are highlighted.

My Generation is hosted by Steve Dubin, who offers a friendly and welcoming sensibility.

Future podcasts will cover a wide range of topics of interest to seniors – from dating to downsizing and everything in between. If you have a topic or expert who can provide useful information to our South Shore Senior News audience, please email our host at sdubin@prworkzone.com.

We look forward to hearing from you! ∞



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Janan Thomas, Owner

Embracing self-love in the 'golden years'

By Lyn Hart, Wellness Expert and Sunmed | Your CBD Store Braintree, Store Owner



What does self-love mean to you?

For me, self-love is a constant work in progress — no matter what stage of life I find myself in. Acceptance, positivity, and meaningful relationships became the

three pillars I would strive for to maintain a happy, healthy life. Yet as I approach my golden years, physical and emotional well-being have more than ever before become vital to the equation. When we don't feel well, it tends to make everything else feel like it's an uphill battle.

I've had my fair share of unexplainable symptoms and physical struggles that started when I began to go through menopause. Debilitating migraines, unexplainable pains, and persistent sleep issues kept me reliant on high amounts of pain relievers and several medications a day just to function. But the side effects caused another set of issues. I was frustrated and tired of not seeing any progress. During this time, self-love became all about finding a way to feel well again.

While searching for alternative approaches to physical and emotional well-being, I was introduced to CBD by my son, Jason. Don't get me wrong; I was initially very skeptical and hesitant. Yet after much research by Jason, he reassured me that CBD was natural and non-psychoactive. We also learned that

it works to balance a vital body system called the endocannabinoid system. I decided it was worth a shot to see if it could help me feel like myself again. I'm so thankful I listened to him, because it has changed my life drastically for the better. Although it took us two years to find the Sunmed products, this was a game-changer for us both!

It's now been five years since I started my CBD routine with our Sunmed products, and I can proudly say my unexplainable pains have vanished, and so have my migraines. Overall, I witnessed a profound change in my everyday quality of life. I also watched my son, Jason, benefit in incredible ways from a daily CBD supplement. The results were undeniable, and soon after, we both dedicated our lives to educating those in Braintree and surrounding areas on the life-changing possibilities of premium CBD.

At my CBD storefront, we carry third-party lab-tested formulas for every wellness need: sleep, relief, relaxation, recovery, energy, and weight loss, and even CBD for pets. Our clinically proven sleep product and our award-winning topical relief cream are just two of the best sellers in our extensive product line. As wellness experts, upon your arrival, Jason and I will walk you through the science of how CBD works in the body, answering any questions and concerns you may have. We really care about our customers and helping them along with their health

journey and will be right there for you!

While CBD is certainly not a cure-all solution, I encourage you to remain curious, open-minded, and hopeful that you, too, can overcome the health struggles you may be facing. If you're interested in trying CBD, stop by my local Sunmed | Your CBD Store Braintree and mention this article for 15% off. It's our gift to you for choosing self-love this February.

Our mission at Sunmed | Your CBD Store Braintree is to change lives. With the start of a new year, what better time to try something new that could make a difference in your life! I encourage you to take the leap, come see us, and find out for yourself if CBD can change yours! Superior CBD really matters! We and our loyal customers feel that is what we have found in our incredible Sunmed products! Remember, you'll never know unless you try!

See you soon.

About the Author: Lyn Hart, Wellness Expert and Sunmed | Your CBD Store Owner, can be reached at 381 Washington St., Braintree, 781-228-6179. ∞



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Should I continue to floss? Yes – just avoid these flossing flaws to keep a healthy mouth

By Dr. Richard Wolfert, DMD
The Toothboss, www.toothboss.com



A few years back, the U.S. Departments of Health and Human Services and Agriculture removed their flossing recommendation from dietary guidelines. This change was precipitated by a media request that revealed that the effectiveness of flossing has never been researched and no data confirming its benefits has been produced. That regrettable removal had had many patients wondering:

Should I continue to floss?

After the removal, this question became even more prominent. The Associated Press, the media outlet that made the initial inquiry, launched its own research into the subject. The AP looked at 25 studies that addressed the benefits of flossing with and without brushing. The results revealed the evidence of flossing benefits as “weak, very unreliable.”

At the Toothboss, we have always been and

will continue to be big proponents of flossing. Yet it is quite understandable that it’s difficult to prove the benefits of flossing for a few significant reasons:

- Everybody’s mouth is different
- Not everybody flosses the exact same way
- Not everybody flosses correctly

Anecdotally speaking, I feel comfortable in stating that the patients we see who do floss have fewer issues than those who don’t.

Besides using the incorrect flossing technique – pulling matter away from the gaps between teeth rather pulling the floss straight across – patients can also fall into other habits that minimize effectiveness. For example, some patients may require flossing after every meal but only floss once per day. Or, perhaps patients floss every other day.

Flossing may not be perfect in removing food and plaque between your teeth, but it certainly is more effective than doing nothing at all. That’s why we recommend flossing after every meal as one part of a multi-pronged approach to oral care.

In addition to flossing, we recommend brushing a minimum of two times per day for a minimum of two minutes per session. These

are two areas where many patients fall short: brushing less than twice a day or for time periods shorter than two minutes per session.

We encourage patients to also use WaterPiks, air floss, and other removal tools. Most importantly though, we believe in regular checkups with your dentist every six months. Some seniors may need even more than two per year.

The biggest reason for checkups every six months for seniors is to stay on top of any pain or other issues. With the regular, six-month checkup, it’s also easier for us to see if your daily habits are inconsistent or your technique is flawed. This helps us correct those techniques and get in front of any problems.

If not having a dental plan is an issue for you not getting to the dentist every six months, no worries. The Toothboss offers something called The Toothboss Discount Plan (TBD). With TBD, for a nominal annual fee, you will receive two free simple cleanings, two free complete dental exams, free x-rays, plus a 20% discount on most dental procedures. This represents a significant savings over a traditional dental plan. Additional child family members can join too, for a lesser fee (about 30% less).

For more information, give our office a call.

About the Author: Dr. Richard Wolfert, DMD is the owner of The Toothboss, 1121 Main Street, South Weymouth, MA. For more information, call 781-335-0604 or visit <https://www.toothboss.com>. ∞



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Leap Year

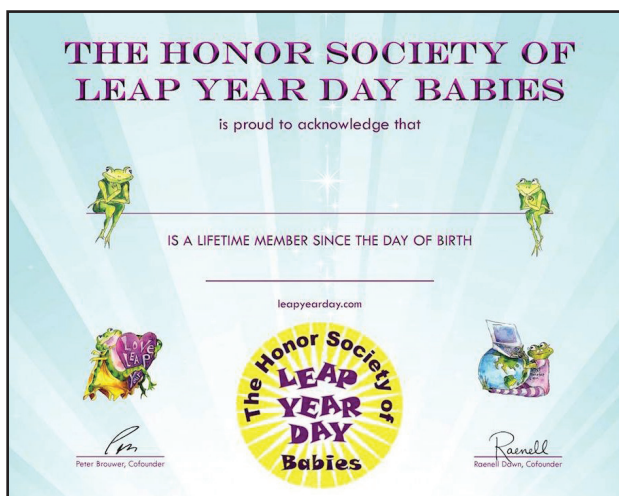
Continued from p.1

29, 1916, recently deceased actor Dennis Fari-
na, born on February 29, 1944, and actor Peter
Scanovino, who is turning 44 (and 11) this year.
He was born on February 29, 1980.

Adding an extra day to our calendar every
four years has its basis in science. According to
researchers at Wikipedia, it takes 365.242189
days for the Earth to circle once around the sun.
However, our Gregorian solar calendar, estab-
lished in 1582, contains only 365 days.

Scientists estimate that if we did not add an
extra day to our shortest month every four years,
we would lose almost six hours annually. In a
century, our calendar would be off by about 24
days. Ramifications of this could include sea-
sons being altered, with winters and snow in
July in the Northern Hemisphere. A leap year
adds an extra day at the end of February to keep
the calendar “synchronized with the astronomi-
cal or seasonal year.”

In many cultures, leap years have been
shrouded in superstition. It was considered in-
auspicious to enter into matrimonial vows on
any month during a leap year. And it was in the
leap year of 1616 when two giants in the world



of literature died a day apart – Cervantes and
Shakespeare – adding fuel to the fire of fearing
the time period.

While February 29 does not appear on every
year’s calendar, it is not a fictitious date. It is list-
ed on all legal documents, including driver’s li-
censes and passports. The superstitions that once
surrounded the concept of a leap year are grad-
ually fading into obscurity. More than 11,000
people today are members of the Honor Society
of Leap Year Day babies.

“Leapling” Barbara Kieffner of Walpole, born
on February 29, 1956, remembers celebrating
birthday parties throughout the years, but rarely

on the actual day of her birth.

“My siblings always ribbed me about hav-
ing a ‘fake birthday’ because if it wasn’t on the
calendar,” said Kieffner. “It made me feel kind
of shy about telling people my real birth date.
But that won’t be a problem this year when I
celebrate my 68th and 17th birthdays on Feb-
ruary 29. Hey, I’m even old enough to drive a
car now!” ∞

THE NEXT LEAP DAYS WILL BE:

Thursday, February 29, 2024

Tuesday, February 29, 2028

Sunday, February 29, 2032

Friday, February 29, 2036



The \$2-million question: Do I have to pay estate taxes?



By Alexis Levitt, Esq.

If a loved one just
died, there are many
steps to attend to;
one very important
task is to determine
if their estate exceeds
\$2 million, and if so,
you need to proceed
carefully.

To figure out if an
estate is over \$2 million, you need to look at ev-
erything that the decedent owned. That includes
not just the things that she owned herself, but
also jointly held assets, accounts that list benefi-
ciaries, and more. If the decedent’s name is tied
to the asset in any way, it counts for estate taxes.
Look at bank accounts, real estate value, IRAs,
savings bonds, trusts – anything and everything
that is connected to the decedent’s name.

And if these assets add up to \$2 million or
more? The first thing you need to do is – stop.
Do not distribute assets out to beneficiaries, do
not roll over IRAs, do not remove the de-
cedent’s name from joint bank accounts. Do
nothing. The second thing you do is visit an at-
torney who focuses on estate tax returns. She
will help you determine what you can and can’t
do with each asset, and when. She will calculate
the amount of estate tax owed (and she will do
her best to find ways to reduce that amount!).
She will help you decide which funds to use to

pay the estate taxes, and when.

There is a strict time limit of nine months
after death to do these calculations, and to com-
plete and file the estate tax return. Nine months
may sound like a lot of time, but with this type
of work, it’s honestly barely enough. So please
go see your estate tax attorney as soon as you
can.

About the Author: Alexis Levitt practices elder

law, special needs planning, estate planning, and
veteran’s benefits. She sits on the board of the Mas-
sachusetts chapter of the National Academy of Elder
Law Attorneys and represents it on the Massachu-
setts Coalition for Serious Illness Care. Alexis also
sat on the board of the Norwell Council on Aging.
Her office is in Norwell. You can reach her at (781)
740-7269 or visit her website and blog for more
information at www.alexislevitt.com. ∞

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Important changes to Medicare Part D plans in 2024

By Patricia Prewitt, My Personal Rx Adviser



Phew! You selected your new Medicare Part D or Medicare Advantage plan during open enrollment at the end of 2023. Now it's time to see how it really works. The Inflation Reduction Act of 2022 included many provisions to help lower drug costs with Medicare and to reduce spending by the federal government. Here are a few things to know about this complex legislation:

What can I expect in 2024?

First, the annual prescription deductible may not exceed \$545. Plans vary widely. Your plan may not have a deductible at all. The prescription costs at the beginning of the year may seem really high until that annual deductible is paid.

What happens after I have paid my Med D Prescription Plan deductible?

Your portion of the costs at the pharmacy will depend on the medication(s), and which "tier" that drug is assigned on the plans formulary. There are five tiers of medications. Tier 1 is the least expensive. In fact, some Tier 1 medications may be included with your plan at no cost. Others, such as Tier 3 (the lowest cost tier for brands) preferred branded medications will likely range between \$35 and \$60 for a monthly copay/coinsurance amount. A 90-day prescription may save money, but not always.

Once you and your plan provider have paid \$5,030 (including the deductible) you will pay no more than 25% of the cost for medications until the total out-of-pocket is \$8,000 – the "catastrophic" threshold for 2024.

That seems complicated. What happens if I need to take expensive, brand-name drugs?

According to an analysis by www.kkf.org (April 20 2023), an independent source for health policy, Medicare Part D enrollees who take only brand-name medications will have spent about \$3,300 out of their own pockets before having little to no additional costs for their medications in 2024. This is a reduction of \$1,360 compared to 2023, which estimated enrollee out-of-pocket annual costs at \$4,660.

Are there any realistic options for reducing my medication costs if I am on Medicare?

People are often surprised to learn they may qualify for patient assistance from brand-name manufacturers. Each program has unique rules,

but some allow incomes of between 300–500% of the federal poverty level income. Another option is to check Medicare.gov for extra help, although income and asset limits are quite low.

What else changed for 2024?

Plans may not increase their premiums by more than 6% annually from the base beneficiary premium. I was happy to read this, as I had an unexpected mid-year increase of 12% to my Medicare Part D drug in my first year as a Medicare enrollee.

The Inflation Reduction Act of 2022 has many elements that will affect Medicare enrollees that are being phased in over time. A big piece of this legislation is the ability of the government to negotiate prices for often-prescribed brands. The list for the first 10 branded medications starting in 2026 can be found here: <https://www.hhs.gov/about/news/2023/08/29/hhs-selects-the-first-drugs-for-medicare-drug-price-negotiation.html>

Starting in 2027, the number of drugs will climb to 15 per year, based on utilization and cost factors.

Anything else?

Make sure that your 2024 prescription plan is correctly registered with the pharmacy. Computer systems do not always work seamlessly to transfer data, especially if you are new to Medicare and have moved from a previous employer plan or changed plans. Check to be sure your



price at the counter is about what you expected to pay.

Content provided is for education purposes only, and is not intended as a substitute for advice from a qualified medical professional. The opinions expressed within are those of the author.

About the Author: Patricia Prewitt is a local Massachusetts resident who spent over 30 years in the pharmaceutical industry. Tricia is a consumer education advocate, and loves helping people find ways to save money on their prescriptions. More information and free resources are available on her website at <https://mypersonalrxadvisor.com> or call her at 508-507-8840. Favorite Quote: "Act as if what you do makes a difference. It does." – William James. Content provided is for education purposes only, and is not intended as a substitute for advice from a qualified medical professional. The opinions expressed within are those of the author. ∞

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ELDER LAW MYTH BUSTERS

‘Caretaker child’ may be able to stay in family home if parent is admitted to a nursing facility



By Elizabeth A. Caruso, Esq.
Legal Legacy Planning, LLC

MYTH: My child has moved into my home to help me, but if I have to go to a nursing home, they will get kicked out.

This could be a myth under certain circumstances.

It is not uncommon today for adult children to move into their parents’ home to give an extra hand with cleaning, maintenance, cooking, and general care for the parent. An extra set of hands helping out can often mean that the parent can stay in their home and age in place for longer than if they were living alone. However, at some point the parent’s needs may become too much for the average person lacking a medical background, and the parents needs to go to a nursing home. What happens then?

If the parent is admitted to a nursing home for long-term care, then the usual next step is for the family to figure out how to pay for this care. Most people try to get their family members qualified for Medicaid to pay for long-term care. As a part of the eligibility process, Medicaid will review if you own real estate. For a married couple, the spouse who does not need long-term care can stay in the home and the home will not be counted up to a value of \$1,071,000. For a single person, the house is potentially a countable asset.

There is a Medicaid regulation that may allow for the home not to be counted toward Medicaid eligibility under certain circumstances where



the child moved into the home prior to the parent needing nursing home care. If the child moved into the parent’s home at least two years before the parent needed nursing home care, the child may count as a “caretaker child.” A doctor’s letter is needed to verify that the child provided a level of care that kept the parent out of the nursing home during that period. An affidavit will also need to be completed to document the care that was provided. The child will also need to legally document that the parent’s home is their legal residence. If these circumstances are met, it is possible that the house can be considered a non-countable asset.

As always, it is a very good idea to consult with an elder law attorney if you think your family’s circumstances may qualify for the “caretaker child” exception.

About the Author: Elizabeth A. Caruso, Esq. is an attorney at Legacy Legal Planning, LLC, in Norwell, Massachusetts. She has been practicing estate planning, probate, and elder law on the South Shore for over a decade. If this article has sparked questions for you, please feel free to reach out via phone 781-971-5900 or email elizabeth@legacylegalplanning.com to schedule a time to discuss your unique situation. ∞

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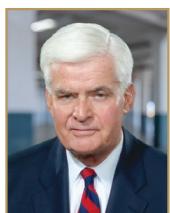
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Super Dental Care for Seniors



Meet Dr. Richard Wolfert, DMD, owner operator of The Toothboss, a dental practice located at 1121 Main Street (Rt. 18) in South Weymouth. Dr. Wolfert named his practice The Toothboss based on the nickname he received while in the U.S. Navy serving on the USS Midway (CV-41).

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In hospice, with love – Carters demonstrate the varying types of end-of-life care



By Toni L. Eaton, RN, BSN, MS,
President & CEO of
Old Colony Hospice & Palliative Care

As Valentine's Day approaches, an unexpected, modern-day love story comes to mind – one involving a president, first lady, and hospice.

Hometown sweethearts, former President Jimmy Carter and his first lady, Rosalynn Carter, shared a decades-long relationship, making them the longest-married presidential couple in American history. In July of last year, the first couple celebrated their 77-year wedding anniversary.

From birth to death, the Carters' story is a love story of togetherness. It begins in their tiny hometown of Plains, Georgia, follows them through parenthood, politics, the presidency, and gently ends in hospice care surrounded by loved ones. Rosalynn died on November 19, at 96. Her husband continues to be cared for by hospice and family.

Their two experiences with hospice show the expansiveness and flexibility of hospice's end-of-life care. Jimmy Carter entered hospice care a year ago, in February 2023, while Rosalynn joined him in hospice care only a short time before her death. Once considered only a service to be called upon in the last days of life, hospice has grown into healthcare that can now offer long- and short-term care, depending on the circumstances.

Jimmy Carter experienced a lot of health and healthcare firsts. Born in 1924, he was the first president to be born in a hospital. At 99, he is now the longest-living president and the first president to receive hospice care.

In 1978, he became the first president to sign a presidential proclamation honoring November as hospice month. At the time, U.S. hospices served several thousand patients and their families each year. That number has grown remarkably to more than 1.7 million annually.

While Rosalynn's hospice care was what you might consider more traditional, as she entered hospice only several weeks before she died, Jimmy's experience is a newer approach to hospice care. This longer-term care has many benefits for patients.

As anyone working at Old Colony Hospice and Palliative Care or in the hospice field can tell you, both types of hospice care are critical in taking care of our loved ones and helping them live their best life in their last days.

What makes President Carter's hospice situation a little different from most is that he has been in hospice for a year after being diagnosed with the reoccurrence of a life-limiting cancer. What this means is you can enter hospice when you have a life-limiting diagnosis, generally meaning life expectancy is in six months. However, if at the end of six months, you continue to have that life-limiting diagnosis, as Jimmy Carter does, you may continue with hospice.

While many think of hospice services as a "last resort," the Carters embraced it for what it is meant to be: a way to help people live as fully as they can as long as they are able.

If I could change one thing about the way most people view hospice services, it would be to change the perception that accepting hospice services means that the person has given up or that hospice is a death sentence. It is, in reality, a "life" sentence, maximizing quality of life according to an individual's choices and lifting some of the healthcare burden on caregivers, allowing family more time to spend as simply spouse, son, daughter or friend.

The comment we hear most is, "We should have called sooner."

For those new to the idea of hospice, this care is defined as medical care for patients with an anticipated life expectancy of six months or less, and the focus of hospice shifts to symptom management and quality of life.

Contrary to commonly held myths, hospice is not care that hastens death. Studies have actually found the opposite. Research published in *American Family Physician* revealed that just one day of hospice care can enhance life expectancy by up to three months. This may sound like a lot, but often, when people are relieved of pain, they can focus more on living – on spending time with loved ones, reflecting on their lives, doing some of the things they've been wanting to do before they die.

The Carter family understood this. When President Carter decided to seek hospice services after several hospital stays, the family released this statement: "He wishes to spend his remaining time at home with his family and receive hospice care instead of medical intervention."

The former first couple did just that, enjoying such activities as celebrating their anniversary with friends and riding in the parade of the peanut festival in their hometown. Instead of focusing on dying, they were intent on living in ways that mattered most to them.

The fact that Rosalynn Carter chose hospice and that Jimmy Carter has spent so much time with hospice is not a surprise to those of us involved in hospice. The *American Family Physician* also found that people who received hospice care for at least several days lived an average of four months longer than those who did not.

Without a doubt, hospice services turn the focus back to relationships – so patients can revisit, restore, and enhance those connections that make life truly worth living. The hospice experience is about lives well lived. No matter how close to the end stages of life a person happens to be, hospice services can make things better.

Neighbors in their hometown, Jimmy Carter was three years old and Rosalynn was only a few days old when they first met. Their romance started when they were young adults, blossomed into a family and a lifetime of public service, and closes with them being an example of how end-of-life care can be compassionate and meaningful.

In keeping with their story of loving togetherness, the couple decided that they both will be buried under a willow tree on the land of their house in Plains.



About the Author: Toni L. Eaton, RN, BSN, MS, is the President & CEO of Old Colony Hospice & Palliative Care of West Bridgewater, a dynamic non-profit hospice serving more than 55 communities south of Boston. OCH also runs the Dr. Ruth McLain Hospice Home in Braintree. A native and resident of the South Shore, Toni brings her compassion and experience as a nurse, veteran, and community leader to her insightful columns for *South Shore Senior News*. She is also the founder of Sunny Paws Dog Rescue. Several groups have honored her leadership, including the South Shore Women's Business Network. She currently sits on the board of the Hospice & Palliative Care Federation of Massachusetts. For more information, call (781) 341-4145 or visit Old Colony Hospice & Palliative Care at www.oldcolonyhospice.org.

Celebrating 50 years of care and collaboration by recognizing community leaders

By Nicole Long, MSW, LICSW,
CEO of Old Colony Elder Services



In 50 years, what can be achieved?

OCES is commemorating our “50 Years of Care and Collaboration” by highlighting others who also are striving to create a better community. We urge you to nominate a colleague or organization who deserves recognition.

OCES helps keep individuals healthy, safe, and independent so that they can thrive at home and in their community. Last year alone, OCES provided essential services and supports to more than 25,286 older adults and people with disabilities living in greater Plymouth County.

For example, older adults in need of light housekeeping, laundry, and grocery shopping may receive homemaker services. Personal care assistance is available for those who need help with bathing and dressing. Older adults who are having difficulty balancing their checkbook and keeping track of monthly expenses and bill paying may receive Money Management Program assistance. Homebound individuals who are unable to prepare their own meals or who need medically tailored meals (low sodium, cardiac, etc.) can benefit from nutritionally-sound home delivered meals through Meals on Wheels.

These are just a few in-home services that OCES, in collaboration with our service providers, offers to consumers in need.

OCES provides life-supporting care through a broad range of services and programs such as Adult Family Care, Behavioral Health, Caregiver Support, Community Housing Options, Adult Protective Services, Health Insurance and Budget Guidance, Life Planning at Any Age, and Nutrition.

Milestones

Founded in 1974, OCES continues to grow and evolve. There have been many milestones over the years, including creation of the Greater Brockton Area Hoarding Task Force; establishment of the first supportive housing program in Brockton; and formalization of an internship program with Bridgewater State University. In 2013, the first annual el-

der abuse awareness event was held in Brockton.

In the years that followed, healthy living workshops, “Buried in Treasures” workshops, caregiver support, and other programs were established. OCES opened a second office in Plymouth that features a dedicated volunteer center for recruitment for OCES, other nonprofits, schools, and agencies in Southeastern Massachusetts. And in 2023, OCES established a behavioral health and wellness program with an Elder Mental Health Outreach Team (EMHOT) that provides behavioral health and wellness supports to older adults and people with disabilities who may be isolated or encounter barriers that limit access to behavioral health care.

Creating better futures

OCES is dedicated to creating better futures for everyone we serve and the larger communities.

As OCES celebrates “50 Years of Care and Collaboration,” we will recognize others who are also striving to create better futures. OCES will spotlight outstanding individuals and organizations whose actions and/or leadership have exemplified care and collaboration.

We invite you to nominate any individual or organization that has positively impacted any community in OCES’s service area; whose actions and/or leadership align with OCES’s mission and vision; and that exemplifies one or more of OCES’s core values.

For full details and to nominate an individual or organization, please visit ocesma.org.



Celebrating 50 Years of Care
and Collaboration


About the Author: Nicole Long is the Chief Executive Officer of Old Colony Elder Services (OCES). Founded in 1974, OCES is a private, non-profit organization proudly serving greater Plymouth County and surrounding communities. OCES is designated as one of 25 Aging Services Access Points (ASAPs) in the Commonwealth of Massachusetts. OCES’ mission is to support the independence and dignity of older adults and individuals with disabilities by providing essential information and services that promote healthy and safe living. The agency offers a number of programs to serve older adults, individuals with disabilities, their families and caregivers. For more information call 508-584-1561 or visit www.ocesma.org ∞

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Erase the 'winter blues' by embracing the season with resilience & vibrancy



**By Leon Merian, Leon Merian Group
Senior Focused Real Estate Services**

Embracing this point of winter means seizing the opportunity to enhance our social bonds and create a season filled with warmth and joy. As temperatures drop and daylight wanes, we're presented with a chance to build upon connections rather than give into isolation.

The colder weather may pose challenges, limiting outdoor activities and impacting mental well-being, but within this chill, there exists low/no cost and practical activities to combat loneliness and cultivate connections. Communities can become a light-house of warmth and camaraderie by establishing indoor social hubs, where events and activities tailored to the winter months serve as a harbor for people to come together.

Technological innovations, like the widely familiar Zoom from the COVID era, continue to play a crucial role. Virtual gatherings through video calls and online platforms have become lifelines, connecting individuals without the need to brave the cold. Let's revive the joy of family and friend meet-ups and rekindle personal connections that add vibrancy to the season and your life!

Neighborhoods can further enhance connections through the formation of mutual support networks. These informal groups provide not only companionship, but also assistance and a sense of belonging. Intergenerational initiatives, bringing diverse age groups together, inject vitality

and meaningful purpose into the community by exchanging stories and experiences (one of the many benefits of multigenerational living).

Winter-themed workshops, from crafting sessions to cooking classes, create delightful opportunities for shared experiences, adding an extra layer of joy to the season. Consider inviting people over to bake cookies, have a happy hour or share a meal – because giving back is not just good, it's an integral part of creating a thriving community. Volunteering during the winter season becomes a powerful avenue for connection and purpose. Whether at South Shore Hospital, Meals on Wheels, animal shelters, libraries, schools, or as a foster grandparent, contributing time and effort not only helps the community but also brings personal fulfillment. According to the American Journal of Preventive Medicine, volunteering reduces the risk of mortality and physical limitations, supports physical activity, and increases optimism and a sense of purpose. From personal experience, I can attest that the rewards of volunteering go beyond transcending the winter blues; it's a source of immense joy.

Indoor nature connection activities, such as indoor gardening or nature-inspired crafts, allow us to bring the soothing influence of the outdoors inside, positively impacting our mental well-being. This transformation into a season of warmth and communal spirit involves a collective effort. By embracing indoor social hubs, digital connectivity, mutual support networks, intergenerational bonds, volunteer companionship, and indoor nature connection, we can turn "winter blues" into an invitation to embrace the season with resilience and vibrancy.

Regardless of the weather outside, let's ensure that our human connection thrives, making winter a season to be embraced with open arms and smiles, rather than simply to be endured. ∞

Moving forward in the grieving process through 'emotional relocation'



**By Susan Drevitch Kelly,
Life Transition Coach**

It is a new year and a time when people reflect on the past year, set intentions, and look for a fresh start. For those who are grieving the loss of a loved one, it can be a time to think about moving forward with life.

But how? What is the first step? How do you take the first step?

In order to work through the grieving process and begin to move forward with your life, you need to start to let go of the thoughts, feelings, fears that are holding you back. You need to "find a place" for your lost loved one in your present life, and a place for all of the emotions you feel for your loved one. It's called "emotional relocation."

Emotional relocation involves creating cherished memories of your loved one who is now physically gone but still very much alive in spirit. You need to begin a "remembering process" by actively reviving, recalling, and reliving the stories that comprised your relationship, from the very beginning until the end.

It is a process of capturing all of these cherished memories through storytelling, journaling, creating a memory box, and any other method that works for you. This process can be painful as you tell your stories out loud, write memories down, or capture treasured items and photos in a memory box. But in going through this process, the memories are transformed into images that can become a very part of your being.

Through this process, you are essentially "relocating your loved one" to your heart and forming a new relationship with them where you can begin to remember them without it being the intense, painful process it once was. The emotional bonds can be loosened just enough so they do not hold you back from moving forward and think about living life again.

This does not mean we forget or leave our loved one behind. It is a way

of giving yourself permission to move forward through life in a healthy way.

Our loved one will not be loved any less just because you are capable of loving yourself enough to move forward and forge a new life without them. No one can take away the cherished memories that reside in your heart, and it is a special place that only you can visit to spend time with your loved one.

We know that grieving is a long-term, complex and "messy" process. No one can set a definite date or timeline for its completion. Grieving is a personal and unique process for each person who has experienced a profound loss.

Psychologist William Worden, in his 2009 book, "Grief Counseling and Grief Therapy," provided a framework of four tasks that need to be experienced by a griever in order to understand their journey of grief and go through the healing process.

These four "tasks" include accepting the reality of the loss, experiencing the pain of the grief, adjusting to this "new world" in which your loved one is missing, and then finding an enduring connection with your loved one as you embark on a new life, "emotionally relocating" your loved one to a new and special place that no one else will ever take.

Through this process, you will not forget about your cherished past but will gradually create a balance between remembering your loved one and living a meaningful life. You will continue on with your life the way your loved one surely would have wanted.

About the Author: Susan Drevitch Kelly has dual BS degrees in Biology and Chemistry, Summa cum Laude, Suffolk University, Masters and Post-graduate studies in Psychobiology, Harvard University and over 40 years of experience guiding private clients and workshop groups through major life transitions. She is passionate about helping people redefine themselves and discover new meaning and purpose in their lives. Susan facilitates two grief support groups at the Scituate Senior Center: Grieve Not Alone for recent loss and Riding the Wave for continuing grief. She can be reached at susan@sdkelly.com. ∞



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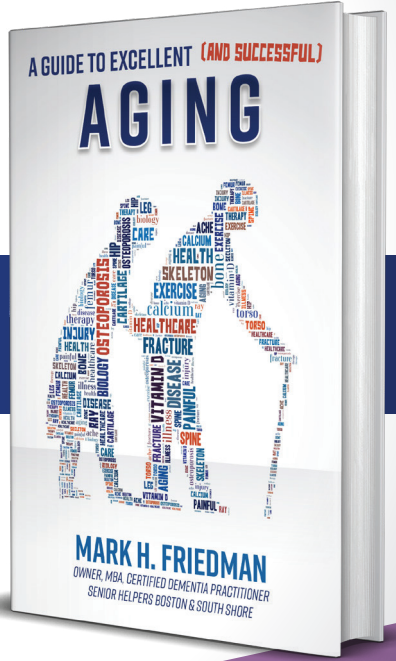
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