The Caucus Corner

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IN THIS ISSUE

Spring Allergies and Older Adults

Spring marks the onset of warmer weather, blooming flowers, and, for many, the unwelcome arrival of allergy season. For seniors, managing allergies becomes a more complex task due to age-related changes in the immune system, which can struggle to combat allergens effectively, leading to amplified or prolonged symptoms such as sneezing, itchy eyes, and even rash. The primary culprits of these symptoms, airborne allergens like pollen from trees, grasses, and weeds, and mold spores, trigger the body's immune response. This response mistakenly identifies the pollen as harmful, resulting in the release of histamines that cause inflammation and a range of allergy symptoms.

Understanding and addressing senior allergy management is crucial, especially given the heightened risk factors due to an aging immune system. Symptoms like hives, atopic dermatitis, wheezing, and more severe reactions such as anaphylaxis can exacerbate existing chronic conditions, posing greater health risks. This guide aims to navigate the complexities of allergies in older adults, offering strategies from medical consultations and allergy tests to lifestyle modifications and allergy treatment options like antihistamines and allergy shots. With a focus on minimizing exposure to allergens and creating an allergy-friendly home environment, this comprehensive spring guide is dedicated to improving the quality of life for seniors with allergies.

Identifying Common Allergy Symptoms in Seniors

Allergies in seniors can manifest in various ways, presenting unique challenges due to the aging immune system, known as immunosenescence. Recognizing and understanding these symptoms is crucial for effective management and treatment.

Here is a breakdown of common allergy symptoms and their prevalence among the elderly:

- **Seasonal Allergies**: Commonly triggered by pollen, dust, and mold, these allergies can lead to symptoms such as:
  - Sneezing
  - Runny nose
  - Red, watery, and itchy eyes
  - Headache
  - Coughing and congestion

- **Food and Drug Allergies**: While less prevalent than in younger individuals, food and drug allergies in seniors can be particularly perilous due to the potential for interaction with multiple medications. Symptoms may include:
  - Mild to severe skin rashes
  - Digestive issues
  - Anaphylaxis in severe cases

- **Prevalence and Testing**: Studies indicate that 5-10% of the elderly population suffer from allergies, with a higher incidence of atopy in individuals over 60 years old. Allergy testing is vital to identify specific allergens for targeted management strategies.

Understanding these symptoms and their prevalence is the first step towards crafting a personalized allergy management plan for seniors, ensuring a better quality of life during allergy season.

Importance of Medical Consultation

Understanding the necessity of medical consultation for senior allergy management is paramount. Here's a breakdown of critical steps and considerations:

1. **Initial Consultation and Diagnosis**:
   - **Detailed Medical History and Observation**: Crucial for pinpointing potential allergens affecting seniors.
   - **Consulting Specialists**: Involvement of allergists or immunologists can provide a comprehensive approach to diagnosis and treatment.

2. **Allergy Testing Methods**:
   - **Skin Tests**: Small amounts of allergens are introduced to the skin. Special considerations for seniors include decreased skin reactivity and medication interference.
   - **Blood Tests (RAST/ELISA)**: Measures IgE antibodies to specific allergens, beneficial when skin tests are impractical.
3. **Safety, Efficacy, and Precautions**:
   - **Interpretation of Tests**: Requires expertise due to age-related immune system changes.
   - **Pre-Treatment Consultation**: Essential before starting new treatments or medications to ensure safety and effectiveness.
   - **Monitoring and Precautionary Measures**: Continuous observation for adverse reactions, with a focus on precautionary measures like nasal steroids and topical medications to mitigate seasonal allergies.

Seniors and caregivers must prioritize consulting healthcare providers to navigate the complexities of allergy management effectively, considering the unique challenges posed by aging.

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Strategies for Minimizing Exposure to Allergens

To effectively minimize exposure to allergens for seniors, adopting a multi-faceted approach that addresses both outdoor and indoor triggers is essential.

Outdoor Allergen Minimization Strategies:

- **Stay Indoors**: During peak pollen times, typically in the morning and evening, it's advisable for seniors to stay indoors. Monitoring local allergen forecasts can aid in planning outdoor activities on lower-risk days.
- **Protective Gear**: When venturing outside, wearing a mask and using a pollen mask and gardening gloves during activities like gardening can significantly reduce allergen exposure.
- **Air Quality**: Keep windows and doors closed to prevent pollen from entering. Utilize air conditioners and air purifiers with HEPA filters in homes and cars to filter out contaminants.

Indoor Allergen Reduction Tips:

- **Dust and Vacuum Regularly**: Using a vacuum with a HEPA filter and dusting surfaces helps control dust mites and pet dander. Wash bedding in hot water weekly.
- **Moisture Control**: Use dehumidifiers to maintain humidity below fifty percent, fix leaks, and limit house plants to reduce mold spores.
- **Pet Dander Management**: Keep pets out of bedrooms, cover vents, replace carpets with bare floors, and groom pets regularly.

By implementing these measures, seniors can significantly reduce their exposure to allergens, making their homes safer and more comfortable during allergy seasons.

Conclusion

Throughout this comprehensive guide, we've explored the multifaceted approach needed for effective senior allergy management during the challenging spring season. From understanding the nuances of aging immune systems and common allergy symptoms in seniors to delving into the importance of medical consultations, testing, and personalized treatments, our journey has provided a holistic view of combating allergens.

The guide also emphasizes the significance of creating an allergy-friendly living environment and adopting lifestyle modifications, highlighting essential strategies to reduce exposure to common allergens and improve overall well-being for seniors.

As we conclude, it is evident that managing allergies in seniors requires a carefully tailored approach that takes into consideration the unique challenges posed by aging. Implementing the strategies outlined, from medication management and natural remedies to environmental adjustments, can significantly enhance the quality of life for seniors facing allergy seasons. It calls for a collaborative effort between seniors, caregivers, and healthcare providers to ensure a safe, comfortable, and symptom-free existence despite the presence of allergens.

For more information, visit:
https://seniorsite.org/resource/effective-senior-allergy-management-a-comprehensive-spring-guide/

Do You Have Medicare Coverage for Allergy Testing?

From hay fever to food intolerances to eczema, over 50 million people in the United States live with allergies. They are the sixth leading cause of chronic illness in the country, and every day hundreds of people are newly diagnosed through allergy testing.

A doctor performs a skin allergy test on a Medicare patient — these tests are covered when medically necessary and ordered by a physician.

If you suspect that you have an allergy, and your physician prescribes testing, it is vital to know whether you are covered through your Medicare benefits plan. The following details will give you the information you need.

Key Takeaways

- Medicare Part B covers allergy testing when deemed medically necessary by a Medicare-enrolled provider, with patients typically paying a 20% copay
- Coverage includes skin tests, blood testing, and food challenge testing, but experimental allergy tests are excluded
- Medicare Advantage plans provide at least the same coverage as Original Medicare, with many offering additional benefits like over-the-counter drug allowances
- Allergy shots and immunotherapy are covered under Part B at 80%, though coverage may end after two years without clinical benefits

Prescription allergy medications fall under Part D coverage, while over-the-counter drugs generally require out-of-pocket payment.

Nearly one-third of U.S. adults currently live with some form of allergic condition, making allergy management a significant health concern. For Medicare beneficiaries dealing with seasonal allergies, food sensitivities, or environmental triggers, understanding coverage options can make a significant difference in accessing necessary care while managing healthcare costs.

Medicare Part B may cover allergy testing when it's deemed medically necessary by a Medicare-enrolled provider as part of a treatment plan

Medicare Part B treats allergy testing as part of "clinical diagnostic laboratory services," which means coverage depends on meeting specific medical criteria. The testing must be prescribed by a Medicare-enrolled physician who can document the medical necessity based on the patient's symptoms and medical history.

For coverage to apply, physicians must demonstrate that previous therapy alternatives have failed to manage allergy symptoms effectively and that the testing serves as the first step in a complete, Medicare-approved treatment program rather than standalone diagnostic work. Understanding these coverage requirements helps beneficiaries navigate the approval process more effectively.

When criteria are met, Medicare Part B covers 80% of approved testing costs, leaving patients with a 20% copay. This copay can often be covered by Medigap supplemental insurance or other secondary coverage options, potentially reducing out-of-pocket expenses significantly.

What allergy tests does Medicare cover?

1. Skin (Percutaneous) Allergy Tests

Medicare commonly covers percutaneous skin tests that involve puncturing, pricking, or scratching the skin to test for IgE-mediated reactions. These tests can identify allergies to foods, environmental inhalants like pollen or pet dander, insect stings, and certain medications. Skin testing remains the preferred method for most allergists because it provides immediate results and tends to be more cost-effective than blood work.

2. Blood Testing for Allergens

When skin testing isn't suitable due to skin conditions, medication interactions, or patient factors, Medicare covers blood tests that measure allergic antibodies. These laboratory tests analyze how the immune system responds to specific allergens by detecting immunoglobulin E (IgE) levels in the bloodstream. In-vitro testing is covered when medically reasonable and necessary as a substitute for skin testing, though it is not usually necessary in addition to skin testing.

3. Food Challenge Testing

Challenge ingestion food testing represents a diagnostic technique that Medicare covers on an outpatient basis when considered reasonable and necessary. Medicare considers challenge ingestion food testing reasonable and necessary for specific indications including food allergy dermatitis, anaphylactic shock due to adverse food reaction, allergy to medicinal agents, and allergy to foods. During these tests, patients consume small amounts of suspected allergens under medical supervision to confirm or rule out food allergies definitively.

Coverage Varies and Some Tests May Require Prior Authorization

Certain allergy tests may require prior authorization, meaning doctors must justify why specific testing methods are necessary instead of standard skin tests. Coverage limitations may apply depending on the clinical situation and documentation provided.

Medicare Doesn't Cover Experimental Allergy Tests

The Centers for Medicare & Medicaid Services maintains a list of experimental allergy tests that don't qualify for coverage. These typically include newer testing methodologies that haven't been proven effective through clinical research or aren't considered standard medical practice.

Requirements for Medicare Allergy Testing Coverage

Doctor Must Be Medicare-Enrolled and Prescribe Tests

Only Medicare-enrolled physicians who accept assignment can order covered allergy testing. This requirement ensures that providers follow Medicare guidelines and billing procedures, protecting both patients and the Medicare system from inappropriate charges.

Medical Necessity Documentation Required

Physicians must provide detailed documentation demonstrating medical necessity for allergy testing. This documentation should include detailed symptom histories, physical examination findings, and explanations of why testing is needed for developing an effective treatment plan.

Testing Must Take Place in Medicare-Approved Laboratory

All laboratory work must be performed at facilities that meet Medicare certification standards. This requirement ensures quality control and accurate results while maintaining consistent billing practices across different testing locations

Doctor Should Document History of Allergic Reactions and Failed Therapies

Documentation typically includes evidence that patients have experienced documented allergic reactions and that previous treatment attempts have been unsuccessful. This documentation helps establish that testing is necessary for diagnosis rather than routine screening.

Medicare Coverage for Allergy Shots and Immunotherapy

Part B Covers Allergy Shots at 80% with 20% Copay

Medicare Part B covers allergy desensitization therapy, also known as immunotherapy, when it's medically necessary. This treatment involves regular injections of increasing allergen doses to help build immunity and reduce allergic reactions over time. Patients pay the standard 20% copay unless they have supplemental coverage.

Medicare Requirements Documentation Confirming Doctor Qualifications

For Medicare to cover allergy shots, physicians must confirm that previous treatments haven't successfully reduced allergy symptoms and that immunotherapy is medically necessary. Medicare requires that a doctor with experience in immunotherapy must administer allergy shots. This typically requires documentation of failed medication trials and ongoing symptoms despite conventional treatment approaches.

Shots Must Take Place in Clinical Setting Prepared for Severe Reactions

Immunotherapy must be administered in medical facilities equipped to handle severe allergic reactions, including anaphylaxis. This safety requirement ensures that emergency treatment is immediately available if patients experience unexpected reactions to their allergy shots.

Coverage May Stop After 2 Years If Individual is No Longer Getting Clinical Benefits

Medicare monitors the effectiveness of immunotherapy and may discontinue coverage if patients don't show continued clinical improvement after approximately two years of treatment. This policy ensures that coverage continues only for treatments providing measurable benefits.

Medicare Advantage vs Original Medicare for allergies

Medicare Advantage plans must provide at least the same allergy testing and treatment coverage as Original Medicare Part B. However, these private plans often feature different copay structures, which could result in either higher or lower out-of-pocket costs depending on the specific plan design.

Many Medicare Advantage plans also require additional prior authorization for allergy treatments beyond what Original Medicare requires. While this might create extra steps in the approval process, some plans offset this inconvenience by offering benefits like lower copays for certain services or additional coverage options not available through Original Medicare.

Allergy medication coverage under Medicare Part D

Part D covers Prescription Allergy Treatments but Generally Not OTC Drugs

Medicare Part D prescription drug plans cover medically necessary allergy medications like prescription antihistamines, nasal sprays, and specialized treatments. However, over-the-counter allergy medications typically aren't covered, even when they contain the same active ingredients as prescription versions.

Growing Number of Medicare Advantage Plans Provide Extra OTC Drug Coverage

According to 2024 data from KFF, 85% of individual Medicare Advantage plans and 94% of special needs plans now provide some over-the-counter drug benefits. These benefits often come as quarterly credits distributed through flex cards, allowing beneficiaries to purchase approved OTC allergy medications at participating retailers.

Compare Cash Prices vs Insurance Copays

Many generic allergy medications cost significantly less when purchased directly rather than through insurance. As an example, a year's supply of generic cetirizine (Zyrtec) might cost around $14 at wholesale retailers, while insurance copays could be substantially higher. Discount programs like GoodRx often provide better pricing than Medicare Part D for common allergy medications, making it worthwhile to compare costs before filling prescriptions.

Medicare provides allergy care when specific criteria are met

Medical Necessity with Medicare-Enrolled Provider

The foundation of Medicare allergy coverage rests on medical necessity determinations made by qualified, Medicare-enrolled healthcare providers. These physicians must demonstrate that allergy testing and treatment are needed components of the patient's overall healthcare plan rather than elective or convenience services.

Proper Documentation and Approved Facilities Required

Success in obtaining Medicare coverage for allergy care depends on thorough documentation and using approved healthcare facilities. Patients should work closely with their healthcare providers to ensure all requirements are met and that testing is performed at Medicare-certified laboratories to avoid unexpected expenses.

For more information, visit: https://www.medicare.org/articles/do-you-have-medicare-coverage-for-allergy-testing/

Snagging the Job You Want After 50

Preparation and persistence are keys to pursuing a position you long for

For whatever reason, some people fail to follow their passions early in life and find themselves in a career that may pay well but isn't intellectually or personally stimulating.

Some find that passion later on.

Whether they write the Great American Novel, take up a career in the arts, open a restaurant, found a winery or become a therapist, many people pursue major career transitions after turning 50.

Kristine Cherek is one example. She spent much of her working life in male-dominated fields — first as a corporate attorney at an international law firm, then as a senior executive of a real estate company and later as a law school professor. Over time, Cherek says she grew increasingly frustrated.

Finally, she left her traditional career to write a book, "Tread Loudly: Call Out the Bullsh*t and Fight for Equality in the Workplace." The book fuels her work helping other women achieve their career potential and teaching executives and emerging business leaders on workplace culture. She speaks at universities, professional groups and companies ranging from early-stage startups to corporations listed on the New York

Others have taken similar journeys.

Different Paths to Pursue Passions

At age 50, Barbara Palmer was laid off from her job and, while she felt it might have been "easier to play it safe and find another executive role," she added that she "felt emboldened by having older children, more self-awareness, and trust in myself that I could be successful at something less traditional or expected." Palmer says that she had changed jobs earlier in her career — both by choice and through layoffs —so she was less anxious about this departure. She also had a strong support network.

Kristine Cherek | Credit: Courtesy of Kristine Cherek

"All of this allowed me the confidence to pursue a less traditional path, one that may have felt riskier earlier when I had small children and less experience," she says. Palmer added that she also was confident that if things didn't work out, she could always go back to the tried and true.

But things did work out for her. Today, through her company Broad Perspective Consulting, Palmer coaches professionals on their next careers.

How to Combine Varied Skills

Jan Cullinane was a science teacher early career; she loved the work, she says, but grew tired of changing jobs every few years as she followed her husband, a CPA, to new cities when he took on new clients. "I reached the point where I wanted to be in control of my own time and my own schedule, and was ready to forge a new path," she says.

Today Cullinane is the author of retirement books that offer "holistic" advice beyond financial considerations for a boomer audience. Her first book was published in 2004, with others following in 2007, 2012 and 2022. She also serves as a "Healthy Living" columnist for Ideal Living and gives talks on retirement, drawing on her experience as a teacher.

Even while in college in her 20s, Virginia Stockwell says she recognized that she didn't have the same passion for a chiropractic career as other students. But she persevered, graduating with a Doctor of Chiropractic degree "and a mountain of debt," she says. So, she took a corporate job. But that didn't prove to be the right fit either.

It would take her a few more tries — running a medical transcription business and working as a realtor — before the financial crisis of the early 2000s led her to launch a personal chef business. While Stockwell was successful in each endeavor, she says it wasn't until she was in her 50s that she finally found a career that "feels like the right fit."

Today, Stockwell is a business coach who helps other coaches and consultants turn their expertise and life experiences into online courses and memberships. It's a role, she says, that "brings together all the lessons I've learned from my many pivots into work that feels fulfilling and aligned with who I am now."

It's not at all uncommon for people, even those with decades of experience in a single career, to long for something more.

Tips and Best Practices

According to a ResumeBuilder.com survey of people aged 62 to 85, 12% of retirees say they are likely to start working again (25% already did so). While the top reasons for returning to work are inflation and the high cost of living, many older returning workers also point to a desire to continue contributing and an interest in pursuing passions missing from prior jobs.

TopResume career expert Amanda Augustine says there's really nothing unusual about craving something new after a long career. "As life changes, it's only natural that your career aspirations might evolve too," she says.

If that has happened to you, there are a number of positive and proactive steps you can take to position yourself for the job of your dreams — even if your background and experience is in an entirely different field.

Palmer uses a scorecard exercise to help people evaluate what's most important to them in pursuing a new career pathway. This involves:

- Listing all of the things you would like to consider. It helps to gather everything in one place. Are you looking for remote work? On-site? Do you want to lead others? Are you interested in working in a specific location? A certain industry? A particular culture? "The list is unique and personal to you," Palmer says. "Some of the elements may not matter for now but may come into consideration down the road so list them and we can deprioritize them at this time."
- Prioritizing. What are your "must haves," "nice to haves" or "does not concern me at this time" elements?
- Using the scorecard. Score every opportunity you're considering based on your list. In addition, Palmer suggests, you can also use your list of attributes to ask the right questions during interviews.
- Continuing to refine. The scorecard should be a living document, Palmer notes. "Today, you may value compensation and growth opportunities, but in a few years, you may want to understand policies around caregiving, flexible work schedules or bereavement. All elements stay on the list, but their value or priority may change over time."

Inventory All Your Assets

Shifting from one profession to another may seem impossible, but it does not have to be. It's not only paid experiences that matter, says Augustine, who points out that volunteer work, freelance projects or even relevant hobbies are all fair game for demonstrating your interests and aptitudes. In addition, she says, "Many of your current skills — like communication, problem-solving and leadership — are valuable in other industries."

It's important, though, Augustine says, to "speak the language of our new industry." Be sure to reframe your experience using industry-specific terms. "Research trends, attend events and conduct informational interviews to learn the language, then update your resume with relevant keywords," she advises. Preparation and education are critical, says Cullinane, who learned how to prepare a proposal for her first book by reading "The Complete Idiot's Guide to Getting Published" by Sheree Bykofsky. "This has been my second career for more than 20 years, and I'm still loving it," she says.

This time of year, is ideal for considering a career shift, says Renee Barber, Global Director for TYR Talent Solutions. "If you're planning a career change in 2025," she advises, "now is the time to research industries, identify needed skills and position yourself for success. Change isn't easy, but the rewards can be transformative."

Stockwell agrees. "If there's one thing I've learned, it's that finding your dream career doesn't have a deadline," she says. "By your 50s, you have the clarity and confidence to finally build something meaningful and authentic."

For more information, visit:
https://www.nextavenue.org/snagging-your-dream-job-after-50/

Getting Help from Family Members When You're the Main Caregiver

From laundry to meal preparation, tips for asking siblings and others to share the caregiving duties.

Nicole Beauchamp was the sole caregiver for her older parents despite having two siblings. Beauchamp took care of her mom who had Parkinson's disease and later cancer, and her dad who contracted cancer a few years after her mother died.

One of her sisters lived out of state and the other lived nearby in New York. "I can literally count on one hand with fingers left over the number of perfunctory visits or times help was tendered," she says. According to the Centers for Disease Control and Prevention, 58% of caregivers in the United States are women, and 37% are caring for a parent or parent-in-law. Nearly 10% provide care to someone with dementia.

"It's not uncommon that caregiving duties often fall to one sibling," Beauchamp says. Beauchamp is self-employed. "There's a misconception that if you're self-employed, you have a lot of time on your hands," she says. "There's a lot of juggling involved."

Beauchamp applied for power of attorney to manage her parents' finances. She took them to medical appointments and remained close for support when side effects of the drugs kicked in. Her income took a hit because she was not working as much as before she became the primary caregiver. Eventually, she hired an aide after her mom's cancer diagnosis. "She actually agreed to have someone come a couple of times a week because she felt she couldn't do everything and she didn't want me to do everything," she says.

Don't Go It Alone

Jimmy Hertilien, a roofing contractor in New Jersey who cared for his aging father, sees families struggle when a loved one needs daily caregiving. "From helping my own parents, the most important thing is communicating openly and dividing responsibilities fairly among family," he says.

"When my father had heart surgery," he says, "my siblings and I made a schedule to help my mother with chores and errands while he recovered. I handled outdoor tasks like mowing or repairs, my brother did laundry and groceries, and my sister cooked meals. Sharing the load prevented burnout for any one person."

"Not all families can collaborate," he continues. "If your requests for help are refused, you must be firm that caregiving is too much for one person. Seek counseling or mediation and explain how the stress is affecting you and your loved one's well-being. As a last resort, hire temporary help from an aide or nursing service. Your own health and ability to provide proper care should be the priority. No one can handle such a difficult situation alone. Reach out to local support groups, nonprofits or a therapist for guidance on starting these difficult conversations."

Beauchamp reached out to a few caregiver groups when she was caring for her dad. "It was helpful because the people in these groups understood what I was going through," she says. "These groups offered support and lessened the isolation."

Having a friend who knows what it's like caring for a family member made life easier for Nancy Treaster who was caring for her husband, father, and father-in-law. Treaster's husband has frontotemporal dementia, also known as aphasia, the same type of dementia as Bruce Willis. Her father-in-law has Alzheimer's and her late father had Parkinson's.

Now a retired software industry veteran living in Georgia, Treaster had to cut down from working full time to part time in order to manage her caregiving duties. Her son helps care for his dad, "he lives about an hour away and is here most weekends helping," she says.

Her mom was the primary caregiver for her dad while her mother-in-law is the primary caregiver for her father-in-law. Still, Treaster also often assists her mother-in-law, and her sister also helps with their dad. A brother-in-law helped occasionally with her father-in-law.

While family members pitched in, having a close friend who knew exactly what she was going through helped. "I reached out to Sue Ryan," she says. "Sue was also caring for family members."

They lamented about the lack of practical advice regarding caregiving for people living with dementia. "We formed a podcast called The Caregiver's Journey to help other dementia caregivers," Treaster explains. "Our podcast is tip oriented. Each [episode] is about 30 minutes. We talk about challenges and how to handle them."

Treaster also took caregiving courses, became a certified caregiving advocate, and certified caregiving consultant. She says it's quite common that one family member assumes the role of primary caregiver and that often not every family member pitches in. They discuss that, too.

Asking for Help

For the primary caregiver who wants other family members to help, experts say the first step is to ask directly. "Don't start with a guilt trip," Anton Shcherbakov, a licensed therapist and founder of Clear Step Therapy, says. "Don't express how much you have done in the past that the other person didn't help you with. This is likely to put the other person on the defensive. Instead, explain how you are feeling and ask for what you need. For example, say, 'I am feeling really burned out and tired this week. Do you think you can help out with mom this weekend?'"

If your sibling or other family member refuses, Shcherbakov says there isn't much you can do. "You can ask nicely and if they refuse, that's on them," he says. "However, just because someone refuses once, doesn't mean that you can't ask again. You may also ask if there are other ways that they can help. Maybe they can pitch in money for an in-home aide, a grocery delivery or something else. Don't assume that a 'no' to one request is a 'no' to all requests."

Another option is to divide caregiving duties. "In a perfect world, we would divide the chores equally," Shcherbakov says. "In the real world things get messy. Start by assessing each person's availability, willingness, resources and strengths. For example, one person may not mind doing laundry. Continue to have conversations about the division of chores, and try to find one that works for all parties. Open communication is the best way to keep things moving smoothly."

It's also important to know not everyone can emotionally handle seeing a close family member in decline. "Everyone has a different perspective," Michelle Feng, a geropsychologist and chief clinical officer at Executive Mental Health says. "It's important to recognize that not everyone will approach caregiving the same way. One family member may be more hands-on, while another might seem avoidant. But sometimes avoidance isn't a lack of care; it's rooted in deeper emotions like guilt or feeling overwhelmed."

"Understanding these different perspectives can help ease the frustration that often arises when tasks don't feel evenly shared," she explains. "It's not always that family members don't care — it's that their emotions may be driving their behavior."

For more information, visit:
https://www.nextavenue.org/getting-help-when-youre-main-caregiver/

Aging in Place: Growing Older at Home

Many people want the same things as they get older: to stay in their own homes, to maintain independence for as long as possible, and to turn to family and friends for help when needed. Staying in your own home as you get older is called "aging in place." But many older adults and their families have concerns about safety, getting around, or other daily activities. Living at home as you age requires careful consideration and planning. This article offers suggestions to help you find the help you need to continue to live independently.

Planning ahead for aging in place

The best time to think about how to age in place is before you need a lot of care. Planning ahead allows you to make important decisions while you are still able. The first step is to think about the kinds of help you need now and might want in the future. You can learn about home-based care and other services in your community and find out what they cost. Planning ahead also gives you time to set up your home to meet your needs as you age.

Another step is to consider any illnesses, such as diabetes or heart disease, that you or your spouse might have. Find out about how the illness could make it hard for someone to get around or take care of themselves in the future. Your health care provider can help answer your questions.

Talk with your family, friends, and other caregivers about what support is needed for you to stay in your home. Be realistic and plan to revisit the decision as your needs change over time.

Support for aging at home

Home-based care includes health, personal, and other support services to help you stay at home and live as independently as possible. In-home services may be short-term — for someone who is recovering from an operation, for example — or long-term, for people who need ongoing help.

In many cases, home-based support is provided at home by informal caregivers, such as family members, friends, and neighbors. It can also be supplemented by formal caregivers and community services.

Help you can receive at home includes:

- **Personal care:** Help with everyday activities, also called "activities of daily living," including bathing, dressing, grooming, using the toilet, eating, and moving around — for example, getting out of bed and into a chair
- **Household chores:** Housecleaning, yard work, grocery shopping, laundry, and similar chores around the house
- **Meals:** Shopping for food and preparing nutritious meals
- **Money management:** Tasks such as paying bills and filling out health insurance forms
- **Health care:** Help with many aspects of health care, including giving medications, caring for wounds, helping with medical equipment, and providing physical therapy
- **Transportation:** Assistance getting around, such as rides to the doctor's office or grocery store
- **Safety:** Home safety features and help in case of a fall or other emergency

Find detailed information about in-home support services, including suggestions for arranging them, information about costs, and additional resources.

Making your home safe and accessible

There are a variety of ways to make your surroundings safer and easier to manage so they meet your needs as you age. Go through your home room by room to identify potential problems and safety issues. First, correct any immediate dangers, such as loose stair railings and poor lighting, and then work on other ways to ensure you will be as safe as possible at home.

See the **Worksheet: Home Safety Checklist by visiting: https://www.nia.nih.gov/sites/default/files/2023-04/worksheet-home-safety-checklist_1.pdf** for suggestions to help you identify and remove hazards around the house. Keep in mind that it may not be necessary to make all of the suggested changes. It is important, however, to reevaluate home safety every so often as your needs change.

Are you worried that making changes might be expensive? You may be able to get help paying for repairs and safety updates to your home. Check with your state housing finance agency, social services department, community development groups, or the federal government for financial aid programs and discounts. You can also visit the Eldercare Locator or call 800-677-1116 for help finding resources.

Resources for aging in place

If staying in your home is important to you, you may have concerns about getting around, being safe, and staying connected. Some of these activities become more challenging as you age. The resources below can help you find solutions.

Reach out to people you know. Family, friends, and neighbors are the biggest source of help for many older people. They may be able to drive you to doctor's appointments, help with errands and chores, or just keep you company. Talk with those close to you about the best way to get what you need. If you are physically able, think about trading services with a friend or neighbor. For example, one could do the grocery shopping, and the other could cook dinner.

Learn about community resources. Your local **Area Agency on Aging by visiting: https://www.usaging.org/**, local and state offices on aging or social services, or your tribal organization may have lists of services. These organizations will be familiar with resources available in your community and may have tips for accessing them. Health care providers and social workers may also have suggestions. If you belong to a religious community, find out whether it offers services for older adults or ask for guidance from your pastor, rabbi, or other religious leader.

Get help during the day. Support is available if your regular caregiver isn't available during the day (for example, because they go to work). Some organizations have volunteers who regularly pay short visits to older adults. The volunteer can provide support, assistance, and companionship. Or you might consider an adult day care program, which can offer social activities, exercise, meals, and personal care during the day. Additionally, respite services provide short-term care for an older adult at home when a regular caregiver isn't

Be prepared for a medical emergency. If you have a serious allergy or medical need, talk with your doctor about whether you should get a medical alert ID bracelet or necklace. You might also consider an emergency medical alert system, which responds to medical and other emergencies via an electronic monitor that a person wears. The monitor alerts emergency personnel when a person becomes lost, falls, or needs urgent medical assistance.

Talk to a geriatric care manager. These specially trained professionals can help find resources to make your daily life easier. They will work with you to form a care plan and find services you need. Geriatric care managers can be especially helpful when family members live far apart. Your doctor or other health care provider may be able to recommend a geriatric care manager, or you can contact the Aging Life Care Association for a list of these professionals in your area.

Look into government resources. Federal, state, and local governments offer many resources for older adults and their families and caregivers. A good place to start is the Eldercare Locator, which connects older Americans and their caregivers with trustworthy local support resources. Visit the Eldercare Locator or call 800-677-1116.

How much will it cost to age in place?

An important part of planning is thinking about how you are going to pay for the help you need. Home-based services can be expensive, but they may cost less than moving into a residential facility, such as assisted living or a nursing home.

When it's time to leave home

Most people prefer to stay in their own home for as long as possible. But there may come a time when it's no longer safe or comfortable to live alone.

The decision about whether and when an older adult should move from their home is often difficult and emotional. Everyone will have their own reasons for wanting (or not wanting) to take such a step. One person may decide a move is right because they can't or don't want to manage the home any longer. For another person, the need for regular, hands-on care motivates a change.

Learn as much as you can about the housing options available as you grow older. Talk with your family about the pros and cons of each option before making a decision.

GrandFamilies

Family and Kinship

Grandparents Raising Grandkids: Money Squeeze

A new report describes the strain on low-income grandfamilies

Finances are often tight for older Americans, but a new report reveals they can be especially oppressing for many low-income grandparents caring for their grandchildren.

There are about 2.7 million such grandparents heading what are known as "grandfamilies" or "kinship families" and more than one in five live below the poverty line, according to The Resounding Resiliency of Grandfamilies, the report issued by Generations United and the Corporation for Enterprise Development (CFED), a group that empowers low-and moderate-income households to build and preserve assets.

"The number of grandfamilies in America has been growing and we expect that to continue," said Donna Butts, Senior Fellow Generations United, which aims to improve the lives of kids and older adults. "Some of this is due to the population increase of older adults, but a lot has to do with poverty, substance abuse, the death of a grandchild's parent and extended military deployment."

The Number One Reason for Grandfamilies

A Boston Globe story, cited in *The Grandparent Economy*, a new book by Lori Bitter, says addiction is the top reason grandparents now take over care for their grandchildren. But grandfamilies have been around as long as our nation has. In Bitter's book, Butts notes that George and Martha Washington raised grandchildren at Mount Vernon.

Sadly, many of today's low-income grandparent caregivers — sometimes *great*-grandparent caregivers — find themselves forced to cut into their own retirement finances and "defer their dreams" so they can "prioritize the dreams of their grandchildren," said Butts, whose group also runs The National Center on Grandfamilies.

As the report noted: "Instead of saving for retirement, grandparent caregivers may suddenly find themselves saving for college."

Robbing Peter to Pay Paul

One Chicago, Ill. grandmother interviewed said: "By the time I finish paying the bills and I also tithe, I pray that nothing comes up because I have nothing to give. I'm just making it. Or, as they say, I'm robbing Peter to pay Paul."

Compared to grandparents who aren't raising their grandkids, grandparent caregivers are more likely to be living in poverty, more likely to be working at least part-time and more likely to be disabled, according to the report.

The *Resounding Resiliency* report — based on interviews from 20 grandparent caregivers in Chicago, Ill., and Trenton, N.J. — describes the difficulties some of these generous souls face. The average annual income of the households interviewed was $25,414; the primary source of income for most of the caregivers was Social Security.

A few of the grandparents interviewed said they had to cut back on hours or take a leave from their job to care for the children, which, of course, lowered their income.
"And because they have limited incomes — some are retired and on fixed incomes — their abilities to get a new job are harder," said Pamela Chan, Associate Director of Applied Research for CFED and one of the report's co-authors.

Over and over, Butts told me, "we heard from ones who spent down their retirement savings or mortgaged their houses, whatever they needed to do to support their grandchildren." Additionally, the report notes, there may be significant legal fees and court costs as the grandfamily caregiver tries to gain legal custody of the grandkids. One grandmother interviewed, fighting for guardianship of her grandson, had an attorney's bill of $7,000 just for one month. She drew down nearly all her savings accounts to cover legal expenses.

And yet, "one of the most important things I took from this study is how incredibly capable grandfamily caregivers are," said Chan. "Knowing how to manage a household budget and raise a family isn't new to them, but it's so much harder at their age and lifestage."

As one grandmother interviewed for the report said: "It's like starting a family all over again, but I don't have the energy."

How Having a Grandfamily Can Be Enriching

Caring for a grandchild, however, can also enrich a grandparent's life, the report found. Zoey, a great-grandmother raising her 15-year-old grandson with special needs told an interviewer: "It's a little rough when you are old, take on a new kid. But it gives you something to live for."

Strikingly, some of the grandparent caregivers felt that some assistance programs essentially discouraged them from saving for the future. The programs' asset limits or asset tests could cause them to lose eligibility if their savings accounts grew too large.

Said a Trenton grandmother: "They see that you have a little money and they think, 'oh you can afford things.'"

The Generations United/CFED report also urges federal and state policymakers to explore ways to broaden eligibility of their programs for grandfamilies, remove barriers to benefits, services and employment and remove asset limits so the families could save more without being penalized.

"There are so many hoops grandfamily caregivers have to go through to demonstrate they are taking care of a child," said Chan.

Added Butts: "Many policies to support people are not designed with grandparents or older relatives in mind. We need to make exceptions so grandparents have the ability to plan for retirement and take care of their children."

Raising Awareness Among Caregivers

The authors also want to raise awareness among grandfamily caregivers about benefits they may be entitled to receive, such as financial assistance for becoming a licensed foster parent.

Only one of the 20 caregivers interviewed was a foster parent.

In addition, just 12 percent of grandfamilies receive Temporary Assistance for Needy Families (TANF), even though nearly 100 percent are eligible, according to the report. Less than half of low-income grandfamilies get SNAP (Supplemental Nutrition Assistance Program), once known as food stamps.

"Some of these grandparents don't know about the additional support," said Butts.

Some communities, Butts noted, have what are known as "kinship navigator programs" — information clearinghouses for grandparents. "If there were one-stop centers for grandparents everywhere, the grandparents could get correct information and know about benefits. Many of them don't know where to start."

Legislation That Might Be Useful

Washington, D.C. has mostly ignored this issue, but Rep. Mark Veasey (D-Texas) recently reintroduced his Grandparents Tax Credit Act. This bill would provide a $500 refundable tax credit to grandparents who serve as caregivers for their grandkids. (At age 10, Veasey moved in with his grandmother, along with his mother and brother.)

Sen. Ron Wyden (D-Ore.) is pushing his Family Stability and Kinship Care Act, which would allow states more flexibility with their family services programs to reduce costly and traumatic stays in foster care. It is cosponsored by seven other Democratic Senators.

Advice for Grandparent Caregivers

I asked Butts what advice she'd offer grandparents caring for grandkids to help ease their financial pressure and duress. "Ask, ask, ask" about financial resources and supports to help you and your grandchildren, she replied. Local area agencies an aging and child welfare agencies could offer information. And, she added, "don't be afraid to ask members of your extended family for support." Said Butts: "Don't feel you have to do it all yourself."

Contributing Author: Richard Eisenberg is the former Senior Web Editor of the Money & Security and Work & Purpose channels of Next Avenue and former Managing Editor for the site.

NCBA Supportive Services

Founded in 1970, NCBA is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment Programs

The Senior Community Service Employment Program (SCSEP)

SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.

Priority is given to Veterans and their qualified spouses, then to individuals who: are over age 65; have a disability; have low literacy skills or limited English proficiency; reside in a rural area; may be homeless or at risk for homelessness; have low employment prospects; failed to find employment after using services through the American Job Center system.

Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

To learn more about the Senior Community Service Employment Program (SCSEP), visit: https://ncba-aging.org/employment-program-resources

The Senior Environmental Employment Program

NCBA administers the Senior Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.

Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA.

To learn more about the Senior Employment Environment Program (SEE), visit: https://ncbainc.org/see/

Health

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities. The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources.

To learn more visit: https://ncbainc.org/the-ncba-health-and-wellness-program/

Housing

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization's largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC.

To learn more about NCBA Housing Program, visit: https://ncbainc.org/affordable-housing/

Samuel J. Simmons NCBA Estates located in Washington, DC

Carl F. West Senior Estates --Now Open

Carl F. West Senior Estates and Grandfamily Apartments are now OPEN!

NCBA is proud to announce the opening of the Carl F. West Senior Estates and Grandfamily Apartments, a 179-unit community in D.C.'s Columbia Heights. Thirty-six units are reserved for "grandfamilies"—older adults raising grandchildren or young adults. Carl F. West Senior Estates includes a fitness center, library computer lab, and playgrounds for children. Our 36 grand family units are thoughtfully designed to offer comfort, stability, and built-in support—creating a safe, nurturing environment where both generations thrive.

For more information, call 202-289-1700 or visit: info@ncbacfw.com.

Social Media

To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

Facebook @NCBA1970
Twitter@NCBA1970
Instagram@NCBA_1970

You're also welcome to learn more about NCBA by visiting our website at www.ncbainc.org. We look forward to hearing from you!

Grandfamilies Housing Opportunity

A Supportive Community For Grandparents Raising Grandchildren

Comfort & Convenience in Your New Home

Thoughtfully designed apartments created for family living.

- Modern, newly built three-bedroom apartments
- Spacious kitchens and living areas
- Bright, open floor plans
- In-unit bathrooms and modern finishes
- Safe and comfortable spaces

More Than Housing

- **Supportive Services Onsite**
  - Family support & referrals
  - Resource navigation
  - Community connections

Secure and Family-Friendly

- **24-hour security on-site**
- Controlled building access
- Secure residential parking spaces

NCBA

Carl F. West Senior Estates

Have questions about availability, eligibility, or the application Process? Our team is happy to guide you

Phone: (202) 289-1700 **Email:** info@ncbacfw.com **Address:** 1370 Harvard Street, NW, Washington, DC 20009

Office Hours Monday- Friday 8:00 AM- 5:00 PM, Saturday, 8:00AM to 2:00 PM (Closed on federal holidays)

Eligibility for Grandfamilies

☑ Who is Eligible?

- Grandparents aged 55+ who are the primary caregivers of grandchildren
- Income- qualified to meet affordable housing guidelines
- Bright, open floor plans
- At Least one child aged 26 or younger in the household

☑ Convenient Location

- Metro station is just a few blocks away
- Close to schools, grocery stores, and local shops
- Nearby playground and outdoor courtyard for children to play

How to Apply

For more information, please contact:

Call (202)289-1700

Visit: ncbacfw.com

1370 Harvard Street, NW,
Washington, DC 20009

NCBA
Carl F. West Senior Estates

Office Hours Monday- Friday 8:00 AM- 5:00 PM, Saturday, 8:00AM to 2:00 PM (Closed on federal holidays)


IMPORTANT
INFORMATION

Important: 7 Changes Coming to Medicare in 2026

Lower prices on 10 drugs, new features in plan finder, no reenrollment in prescription payment plan? Check, check and check……

Key takeaways

- ✓ You'll see lower prices on 10 popular high-cost prescriptions.
- ✓ Misled by plan finder? You'll have a chance to change MA plans.
- ✓ Drug spending cap rises. Payment plan reenrollment is put on auto.
- ✓ Original Medicare begins prior-authorization pilot program.
- ✓ Advantage plan pilot shut down; limits added to second program.

The new year will bring a new round of Medicare coverage, cost and policychanges that will affect each beneficiary differently, depending on their medical needs, income and other factors. To help you stay in the know, AARP lists some of the most significant changes that will shape your 2026 coverage.

1. Medicare-negotiated lower drug prices start

Ten prescription drugs (**https://www.aarp.org/medicare/first-medicare-negotiated-drug-prices-debut/**) with high costs for Medicare will be available at lower prices in 2026.

The first round of these Medicare-negotiated prices, made possible under a prescription drug law (**https://www.aarp.org/advocacy/inflation-reduction-act-questions-answers-2022/**) passed in 2022 that AARP supported, will help make medications more accessible and affordable. The lower prices for these 10 medications (**https://www.aarp.org/advocacy/medicare-drug-price-list-2024/**)— which include arthritis, blood clot, cancer and diabetes drugs — are expected to improve quality of life for millions of beneficiaries.

The negotiated prices, which become effective Jan. 1, must be made available to eligible Medicare beneficiaries, and the 10 drugs must be included among the covered drugs for all Medicare Advantage prescription drug plans and stand-alone Part D drug plans that beneficiaries in original Medicare can buy.

The savings are expected to lower recipients' out-of-pocket spending by an estimated $1.5 billion in 2026, and the savings will continue every year. If lower prices had been in effect in 2023, Medicare itself would have saved about $6 billion, the Centers for Medicare & Medicaid Services (CMS) says.

Drug name	Negotiated price	List price in 2023	Percent discount
Januvia	$113	$527	79%
NovoLog/Fiasp, several pens	$119	$495	76%
Farxiga	$178	$556	68%
Enbrel	$2,355	$7,106	67%
Jardiance	$197	$573	66%
Stelara	$4,695	$13,836	66%
Xarelto	$197	$517	62%
Eliquis	$231	$521	56%
Entresto	$295	$628	53%
Imbruvica	$9,319	$14,934	38%

Source: Centers for Medicare & Medicaid Services • Embed

2. <u>Some enrollees may get another chance to switch plans</u>

If you've looked at the 2026 Medicare Plan Finder **(https://www.medicare.gov/plan-compare/#/?year=2026&lang=en)**, readied for Medicare open enrollment Oct. 15 to Dec. 7, CMS has included information about which doctors and other health care providers are included in a Medicare Advantage plan's network **(https://www.aarp.org/medicare/medicare-plan-finder-provider-listings/).**

Now many consumers interested in a Medicare Advantage plan won't have to leave the plan finder to see if their doctors, hospitals and other health care providers are included in an insurer's provider network. Previously, potential enrollees had to get that information by visiting each plan's website, calling each company or enlisting an insurance broker to assist them. Be advised: The provider-directory information is not listed for all plans; new information will be added and updated as CMS receives it.

Enrollees who choose original Medicare can see any physician who accepts Medicare, which is about 98 percent of all doctors who aren't pediatricians, according to KFF (**https://www.kff.org/medicare/how-many-physicians-have-opted-out-of-the-medicare-program/**), a nonpartisan health policy nonprofit headquartered in San Francisco with a presence in Washington, D.C.

About half of Medicare beneficiaries have Medicare Advantage plans, the privately run alternative to original Medicare. These plans limit participants to their lists of providers and charge more or require full payment for out-of-network services.

If Medicare Advantage enrollees who used plan finder during their first three months on a new plan discover that its information was wrong and their doctors are not in-network, they'll be eligible to switch to a plan that has their providers or go to original Medicare during an only-in-2026 special enrollment period. So as soon as coverage begins, you should determine whether the providers you want really do take your insurance.

3. Deductibles and spending caps for Part D plans go up

The $2,000 limit on out-of-pocket expenses for prescription drug plans, which includes stand-alone plans that go with original Medicare and drug coverage provided through Medicare Advantage plans, is rising in 2026 to $2,100. The cap was introduced in 2025. This $100 increase, a 5 percent climb, reflects the annual percentage increase in average spending for covered Part D drugs that occurred in 2024.

Also increasing is the maximum Part D deductible, adjusted each year. It will be $615, up from $590 in 2025. Some Part D plans will have lower deductibles or none at all.

4. No reenrolling in Medicare drug payment plan needed

In 2025, original Medicare enrollees in Part D prescription plans and Medicare Advantage plans with prescription coverage had the option to pay out-of-pocket costs in monthly installments rather than all at once at a pharmacy. Paired with the $2,000 cap on out-of-pocket prescription costs, that might have meant that a $2,000 bill in January became a $167-a-month payment through the Medicare Prescription Payment Plan.

To make enrollment in the program easier in 2026, those who participated in 2025 will be reenrolled automatically unless they opt out or change to a new Part D or Medicare Advantage plan. If you do change plans and want to continue on a payment plan, just contact your new drug plan. “Automatic renewal eases burden for both participants and plan sponsors,” CMS said. For participants who decide not to stay, Part D plans must process their opt-out request within three days.

5. Original Medicare begins prior authorization test

In a six-year experiment that begins Jan. 1, millions of original Medicare beneficiaries in six states could be required to get advance approval, called prior authorization (**https://www.aarp.org/medicare/faq/what-is-medicare-prior-authorization**)/, before certain medical services, procedures or devices are covered.

If successful, the pilot project could lead to wider use of prior authorization in original Medicare, possibly using artificial intelligence (AI). The practice is already widely used in Medicare Advantage (**https://www.aarp.org/pri/topics/health/coverage-access/prior-authorization-federal-rules-protecting-people-medicare-adv/**), with some plans using AI and algorithmic software to help make coverage decisions. The experiment runs through December 2031 and could involve up to 6.4 million original Medicare beneficiaries in parts of Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington, according to estimates from McDermott+, a health care consulting firm in Washington, D.C. It’s designed to speed up coverage decisions and cut wasteful spending on at least 16 devices, procedures and services that are “particularly vulnerable to fraud, waste and abuse or inappropriate use,” according to CMS. Technology companies that participate will be paid based on savings from denied medical claims, which has drawn the ire of the American Medical Association and consumer organizations.

The pilot project comes amid concerns from lawmakers, government watchdogs (**https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/?url=https%25253A%25252F%25252Foig.hhs.gov%25252Freports%25252Fall%25252F2022%25252Fsome-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care%25252F&data=05%25257C02%25257Capugh%252540aarp.org%25257Cfb748b2785aa43b3bab808ddf706fc91%25257Ca395e38b4b754e4493499a37de460a33%25257C0%25257C0%25257C638938331558182711%25257CUnknown%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWU**

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7. Medicare Advantage plans limit nonmedical benefits

The Bipartisan Budget Act of 2018 expanded the types of supplemental benefits that Medicare Advantage plans could offer to chronically ill enrollees. In 2026, CMS is limiting the types of allowable coverage.
This help, called Special Supplemental Benefits for the Chronically Ill, doesn't have to relate to health but must have a reasonable expectation of improving or maintaining the health or function of someone who has a persistent medical condition, according to CMS.

Among the benefits and treatments that **WONT** be allowed in 2026:

- Alcohol, cannabis and tobacco products
- Certain cosmetic surgeries and procedures, such as facelifts, treatment for facial lines and remedies for atrophy of collagen and fat
- Funeral planning and expenses (**https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/)**
- Life insurance and hospital indemnity insurance (**https://www.aarp.org/money/personal-finance/keep-life-insurance-or-cash-out/)**
- Unhealthy foods (**https://www.aarp.org/health/healthy-living/foods-to-avoid-after-50/)**

"We believe that codifying a non-exhaustive list of examples of items or services that do not meet these standards will provide transparency and greater certainty for MA organizations and enrollees about the rules that govern these benefits," CMS says in the rule.

For more information, visit: https://www.aarp.org/medicare/whats-new-in-medicare-2026/

Contributing Author: Tony Pugh is an award-winning writer and editor covering Medicare for AARP. He has also covered Medicare for Bloomberg Law and as a national correspondent for Knight Ridder/McClatchy Newspapers.

Savvy and 65:

A Woman's Guide to Understanding Medicare

Learn what to know, how to prepare, and when to act

The Medicare enrollment process is an essential part of turning 65. But it can be complicated and overwhelming.

HealthyWomen and the Society for Women's Health Research wanted to simplify this process for women. So, we worked together to create this helpful guide, which equips women with the knowledge they need to understand and navigate Medicare enrollment.

A Woman's Guide to Understanding Medicare

View the Full Guidebook

Chapters

Medicare 101

Bone Health

Heart Health

Glossary

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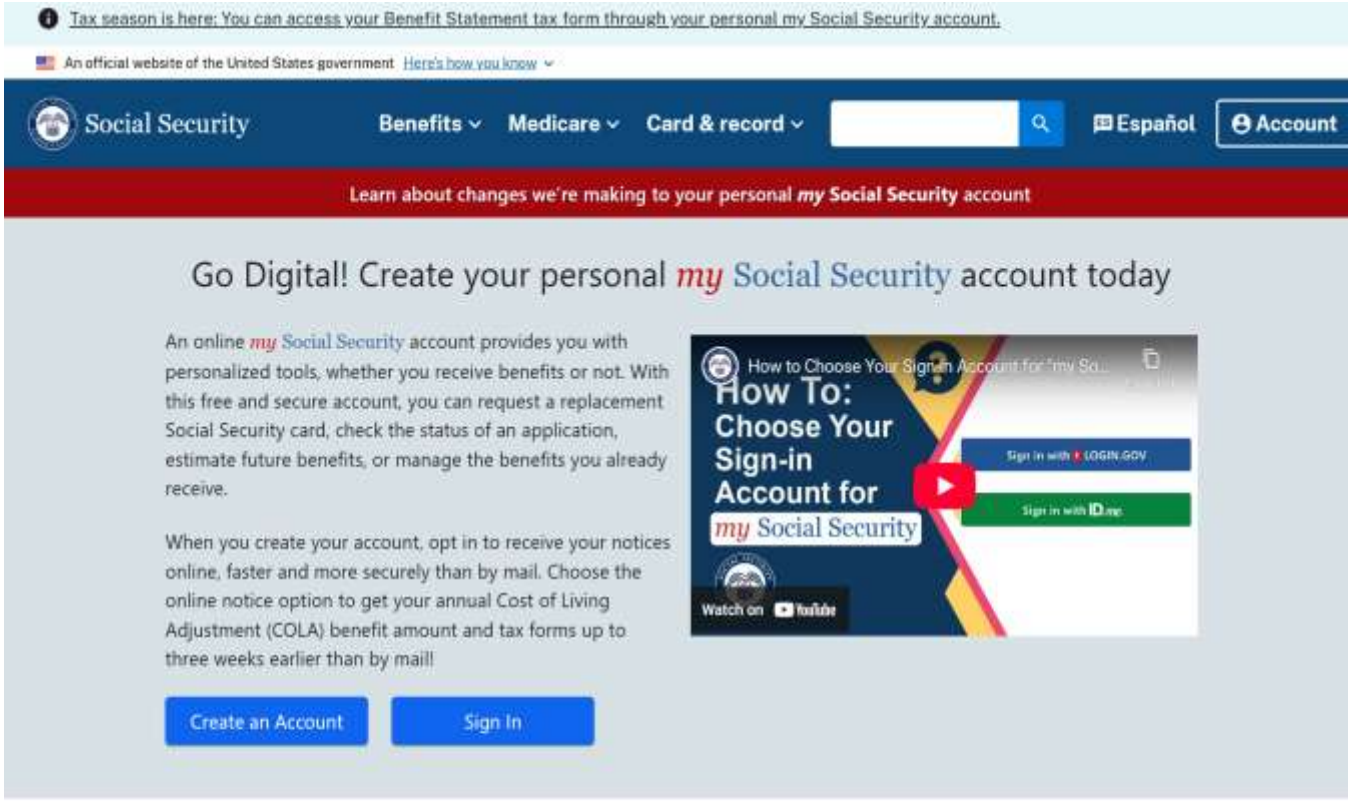


To create a personal my Social Security account, first you'll need to decide whether to create a Login.gov or an ID.me account. There is no wrong choice, it's just a matter of which account is the best fit for you. Watch the How to Choose Your Sign-in Account for my Social Security video for more information.

For step-by-step instructions for creating each account type, watch:

- How to Create Your Login.gov Account with SSA
- How to Create Your ID.me Account with SSA

If you need additional assistance in creating your account, call **1-800-772-1213** and say "Help Desk" for priority service between 8:00 a.m. – 7:00 p.m. local time, Monday through Friday.


UPCOMING
EVENTS

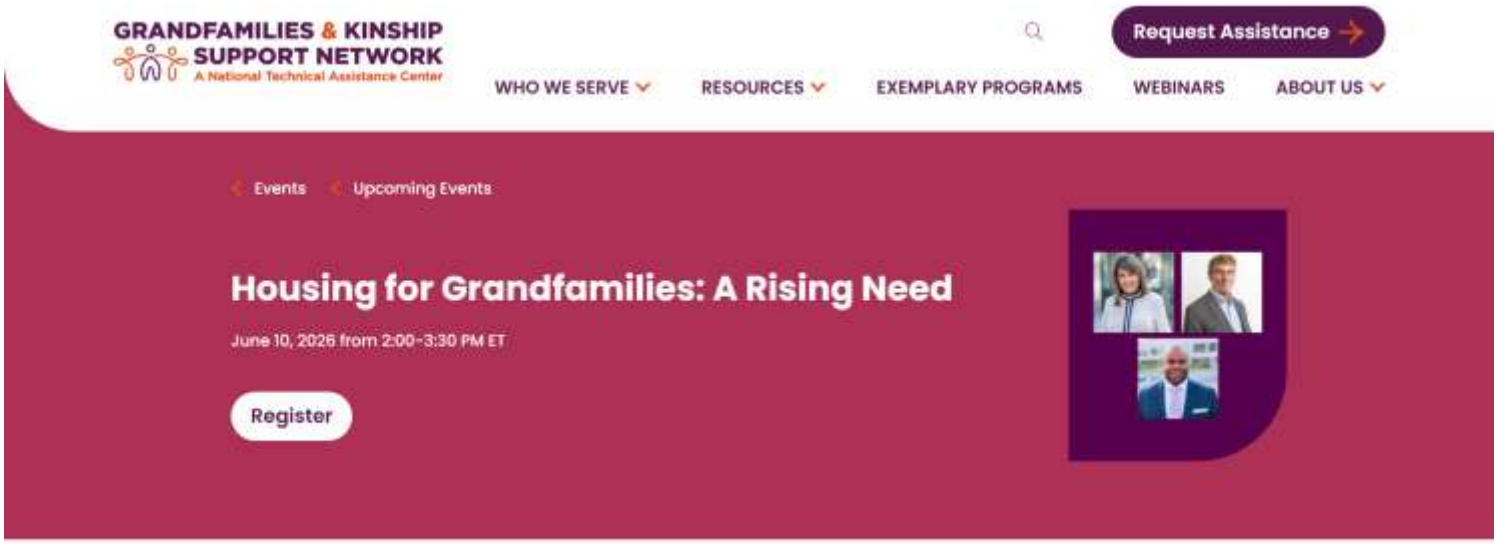
Manage Heart Valve Health in Older Adults

Thursday, April 30, 2026

1:00 pm – 2:00 pm (EST)

Registration Link: https://us02web.zoom.us/webinar/register/WN_bXGuZ3meTt2opX3_CgTqTw?ampDeviceId=e74c1b41-248f-4822-b788-75f0b0bd3fbf&ampSessionId=1774975446429

Stevens' Amendment: This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $281,272 of which 75 percent funded by ACL/HHS in the amount of $210,032 and 25 percent in the amount of $71,240 funded by non-governmental source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor are an endorsement, by ACL/HHS, or the U.S. Government



The scarcity of safe, quality, affordable housing is a national dilemma that poses an additional challenge for older caregivers who are raising their grandchildren or other young relatives. Many housing units for older Americans do not allow minor-age tenants, forcing caregivers to find an all-too-rare alternative, often on short notice.

As social service agencies and policy makers grapple with increasing demands for grandfamily and kinship housing, this webinar features two organizations that are providing much-needed housing for grandfamilies.

Learn from their experiences about how they navigated the complex regulations, funding challenges, and program designs to bring a good idea to fruition and how others might follow suit in addressing a dire and growing need.

Presenters:

- **Karyne Jones**, President & Chief Executive Officer, NCBA and NCBA Housing Management Corporation (Washington, DC)
- **Paul Freitag**, Executive Director, West Side Federation for Senior and Supportive Housing, Inc. (Bronx, NY)
- **Jamarl Clark**, Assistant Director, National Center on Grandfamilies at Generations United (moderator)

Register: https://us02web.zoom.us/webinar/register/WN_EvFe0jyeS4aULRJEj91S7Q#/registration

NCBA Community Day

Health and Wellness Fair

"Champion Your Health"

Thursday, May 14, 2026
10:00 am – 2:00 pm

Carl F. West NCBA Estates
1370 Harvard Street, NW
Washington, DC 20009

In recognition of Older Americans Month 2026, the NCBA Community Day Health Fair encourages everyone to "Champion Your Health" by focusing on prevention, wellness, and taking an active role in managing your own health and making informed decisions that support independence.

Join us in highlighting the importance of community partnerships, evidence-based approaches, and self-management strategies that empower individuals to lead their healthiest lives.

Blood Pressure Checks
CPR Demonstrations
DC Medicare Patrol Guidance and Resources
DC Department of Aging and Community Living
Diabetes Education
Emotional Wellbeing Resources
Eyeglass Fittings
Fitness Assessments
Fire Safety Activities
First Aid Demonstrations
Hearing Screening
Mental Health Resources
Personal Safety Resources
Vision Screening
Wellness Education

No Registration Required

Free to Attend

Get our Newsletter

Want the latest news about aging, including resources and technical assistance? Email Angie Boddie @ aboddie@ncba-inc.org.

For more information about NCBA programs and services, visit: www.ncba-inc.org